## P050013694

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SECRETARY STATE

ALLAMASSEE FLORING

OCT 1 8 2018 S. YOUNG

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: JMM POOL SERV	ICE INC				
DOCUMENT NUMB	ER: PO5000136594					
	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	NOEL BROWN					
•		Name of Contact Persor	1			
	NTB SERVICES LLC					
•		Firm/ Company				
	1656 GERANIUM AVE					
•	Address					
	NORTH PORT, FL 34288					
•		City/ State and Zip Cod	e			
NTBS	ERVICESLLC@GMAIL.CO	)M				
	E-mail address; (to be us	sed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
NOEL BROWN		at ( <u>941</u>	275-7785			
Name of Contact Person		Area Code & Daytime Telephone Number				
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:			
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

JMM POOL SERVICE INC (Name of Corporation as currently filed with the Florida Dept, of State) P05000136594 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 1714 Scotties Pl B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) Nokomis, FL 34275 C. Enter new mailing address, if applicable: 1714 Scotties PI (Mailing address MAY BE A POST OFFICE BOX) Nokomis, FL 34275 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent:

Signature of New Registered Agent, if changing

Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position,

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

tAttach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John De	<u>ıc</u>	
X Remove	<u>v</u>	Mike Jo	nnes	
X Add	<u>sv</u>	Sally St	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	COO	_	NICHOLAS M. HOWARD	1409 PECAN STREET
Add				NOKOMIS. FL 34275
X Remove				
2) Change		_		***
Add				
Remove				
3 ) Change				
Add				
Remove				
4) Change				
Add				
Remove				
51 Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)	
	<del></del>	
· <u></u>		
		<del></del>
	-	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	TOTAL TOTAL CONTROL OF THE AMERICAN TOTAL	
		-
,		

	s) adoption:	, if other than the
date this document was signed.	10/04/2018	
Effective date <u>if applicable</u> :		
	tno more than 90 days after amendment file do	ate)
	is block does not meet the applicable statutory filing requirem e Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the e sufficient for approval.	imendment(s)
	approved by the shareholders through voting groups. The follow for each voting group entitled to vote separately on the amenda	
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action an	d shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and sha	archolder
10/03/2 Dated	018	
Signatur	Jelm Moni	
sel	a director, president or other officer – if directors or officers hat ected, by an incorporator – if in the hands of a receiver, trustee, opinted fiduciary by that fiduciary)	
	JOEL M. MORIN - PRESIDENT/ JMM POOL SERVICE	INC
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	