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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BONITA #	Estero pooi Service, INC.
DOCUMENT NUMBER: P 06 0000	64 253
The enclosed Articles of Amendment and fee are s	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Gary Bow	Name of Contact Person
DONITO & ESTE	Firm/ Company
11528 Wood	MOUNT LN Address
Estero, FL	33928 City/ State and Zip Code
	City/ State and Zip Code
Esteropoois E-mail address: (to be u	esed for future annual report notification)
For further information concerning this matter, plea	ase call:
Gary Bowers	at (239) 908 - 1099
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certificate of Status (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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

Bonita & Estero Pool Se	2 CVICE, INC. led with the Florida Dept. of State)	
P0600064253 (Document Number of Co			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	rida Profit Corporation adopts the fo	ollowing amen	idment(s) to
A. If amending name, enter the new name of the corporation:			
Estero Pool Service, I	NC	The	new .
name must be distinguishable and contain the word "corporation," "com" "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A pu" "chartered," "professional association," or the abbreviation "P.A."	npany." or "incorporated" or the abb	reviation "Co contain the	rp.," word
n n	N/A		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
o p		023	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/4	<u> </u>	
		· 1	<u></u>
-			m
		2	
D. If amending the registered agent and/or registered office address	s in Florida, enter the name of the		
new registered agent and/or the new registered office address:		THE TO	
Name of New Registered Agent V/4			
Name of New Registered Agent		 -	
(Florida street	address)		
() 15 AL / A	·		
New Registered Office Address: (V)	, Florida_	(Zip Code)	
,	<i>5,</i>		
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the po	osition.	
ı	1.		
N/	A sistered Agent, if changing		
Signature of New Regi	istered Agent, if changing		

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

ttach additional sheets, if necessary).	(Be specific)
	N/A
	IV I : I
· • · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	
an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
rovisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	N/A

.

.

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:

(Attach 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 <math>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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change		Kelly Bowers	11528 Woodmant Lu
X Add			Estero, FL 339Ar
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	-		
Add			
Remove			
6) Change			
Add_			
Remove			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 4-3-2023	······································
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	late will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder ac action was not required.	tion and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	1(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by" (voting group)	
Dated 4-3-2023	
Signature Source	
(By a thrector, president or other officer - if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other co	urt
appointed fiduciary by that fiduciary)	
GARY I I Dowers	
(Typed or printed name of person signing)	
President	
(Title of person signing)	