

P07000037119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

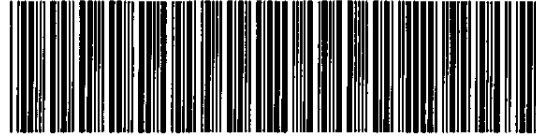
(Business Entity Name)

(Document Number)

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07 APR 26 PM 11:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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5/6/07



"The Star of the Industry"

April 19, 2007

Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: FL Corporation P07000037119
NYC Pool Service Inc.

To the Amendment Section,

When I set up the corporation for NYC Pools I neglected to put the in the Officer/Director Detail. That is the only change I am trying to make.

Thank you for your help.

Sincerely,

Susan Wilson
Office Manager/Registered Agent

4-19-07
CK 2473

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NYC Pool Service Inc.

DOCUMENT NUMBER: P07000037119

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan Wilson
(Name of Contact Person)

APS of Hollywood Inc
(Firm/ Company)

6601 NW 14th St. Sk 7
(Address)

Plantation FL 33313
(City/ State and Zip Code)

For further information concerning this matter, please call:

Susan Wilson at (954) 792 1191
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$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

NYC Pool Service Inc.

(Name of corporation as currently filed with the Florida Dept. of State)

P07 000037 119

(Document number of corporation (if known))

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Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Officer/ Director Detail :

Martin Rodriguez

1243 SW 30th Place

Miami FL 33135-4734

President

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

N/A

(continued)

The date of each amendment(s) adoption: 4-1-07

Effective date if applicable: 4-1-07
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature Susan Wilson
(By a director, 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 court appointed fiduciary by that fiduciary)

Susan Wilson
(Typed or printed name of person signing)

Registered Agent / Office Manager
(Title of person signing)

FILING FEE: \$35