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COVER LETTER

Division of Corporations						
NAME OF CORPORATION: Brite Water Pool Pros Corp. DOCUMENT NUMBER: # P07000100619						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Robert Colasurdo						
Name of Contact Person						
Brite Water Pool pros Corp						
1408 N Killian Dr. Ste 103						
Address						
West Palm Beach Fl 33 fo3 City/State and Zip Code						
• •						
ROBE Pool doctorph. com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
To family information consorring and matter, product can:						
- Rob Colasuldo a1 (561, 628 4219						
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						

Mailing Address

TO: Amendment Section

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

is enclosed)

Articles of Amendment

to

Brite Wa	ter Pool Pos Co	-D.
(Name of Corpora	ition as currently filed with the Florida Dept. of State)	
	PD10001001019	
(Doct	ument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the follow	ing amendment(s) to
A. If amending name, enter the new name of the	corporation:	
		_ The new
name must be distinguishable and contain the wi "Corp" "Inc.," or Co.," or the designation "Coi word "chartered," "professional association," or th	ord "corporation," "company," or "incorporated" or the rp," "Inc," or "Co". A professional corporation name mus ne abbreviation "P.A,"	abbreviation at contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL		
	 	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u> </u>	
		2014
D. If amending the registered agent and/or regist	tered office address in Florida, enter the name of the	
new registered agent and/or the new registere		٠.
Name of New Registered Agent	<u> </u>	::
		1 10:33
	(Florida street address)	_ ગૃ
New Registered Office Address:	. Florida	
		p Code)
None Domina and Amendy Simustone if the mains D	and the same of th	
New Registered Agent's Signature, if changing R. I hereby accept the appointment as registered agent.	egistered Agent: I am familiar with and accept the obligations of the position	I.
Sig	gnature of New Registered Agent, if changing	

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 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	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	J	Scott Miller	Palon Black Guden; FL. 33410
Add			Palon Beach Gudeni, Fl
Remove			33410
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			-
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
· _	
	,
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
· · · · · · · · · · · · · · · · · · ·	
	

The date of each amendment(s) adoption:date this document was signed.	10/22	- 19	, if other than the
_	11/22/1	4	
Effective date <u>if applicable</u> :	o more than 90 days	after amendment fil	e date)
Note: If the date inserted in this block does not redocument's effective date on the Department of Sta		tatutory filing requi	rements, this date will not be listed as the
Adoption of Amendment(s) (CHEC	K ONE)		
The amendment(s) was/were adopted by the shaby the shareholders was/were sufficient for appr		er of votes cast for t	he amendment(s)
☐ The amendment(s) was/were approved by the sh must be separately provided for each voting gro			
"The number of votes cast for the amendm			
by(voting			
(voting	group)		
☐ The amendment(s) was/were adopted by the boa action was not required.	rd of directors withou	ut shareholder action	and shareholder
☐ The amendment(s) was/were adopted by the incoaction was not required.	i	areholder action and	shareholder
Dated $10/22$	119		
Signature			
(By a director/presider selected, by an incorpo			
appointed fiduciary by	that fiduciary)		
-10	Cobell Co	olusu/d	0
(Ty	ped or printed name of	of person signing)	/
	presid	dent	
	(Title of pers	on signing)	