# P07000131553

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#### COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Chlorine Free USA Inc DOCUMENT NUMBER: P07000131553 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Philip R Francisco Jr Name of Contact Person Chlorine Free USA Inc. Firm/ Company 210 Planters Cir Address Quincy FL 32352 City/ State and Zip Code phil@myclfree.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (239 ) 4704888 Area Code & Daytime Telephone Number Philip Francisco Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **Articles of Amendment** Articles of Incorporation of

Chlorine Free USA Inc  (Name of Corporation as currently filed with the Florida Dept. of State)  (Document Number of Corporation (if known)  Pursuant to the provisions of section 607, 1006, Florida Statutes, this corporation adopts the following amendment(s) use Cartieles of incorporation:  A. If amending name, enter the new name of the corporation:  The new name must he distinguishable and contain the word "corporation." "company." or "incorporated" or the abbreviation "Corp." "Inc." or "Co." A professional corporation name must contain the word "chartered." "professional association." or the abbreviation "P.A.  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  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:  (City)  New Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	Articles of A	
Chlorine Free USA Inc  (Name of Corporation as currently filed with the Florida Dept, of State)  (Document Number of Corporation (if known)  (Corporation adopts the following amendment(s) under the abhreviation (Corporation (if known)  (Document Number of Corporation (if known)  (Document Number of Corporation (if known)  (Corporation adopts the following amendment(s) under the abhreviation (Corporation (if known)  (Corporation adopts the following amendment(s) under the following amendment (if the abhreviation (if known)  (Corporation adopts the following amendment (if known)  (Document Number of Corporation (if known)  (Corporation adopts the following amendment (if known)  (Corporation adopts the following adopts the following amendment (if known)  (Corporation adopts the following amendment (if known)  (Corporation adopts the following amendment (if known)  (Corporation adopts the following ad		- compation
Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following amendment(s) to Earliest of Incorporation:  A. If amending name, enter the new name of the corporation:  The new 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."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address MAY BE A POST OFFICE BOX)  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: (City)  New Registered Office Address: (Zip Code)		ALL:
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"char," 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."  210 Planters Cir  Quincy FL 32352  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address:  Name of New Registered Agent  New Registered Office Address:  (City)  (City)  A professional corporation name must contain the word "Co". A professional corporation name must contain the word "Co". A professional corporation name must contain the word "Co". A professional corporation name must contain the word "Co". A professional corporation name must contain the word "Co". A professional corporation name must contain the word "Co". A professional corporation name must contain the word "Call Planters Cir  Quincy FL 32352  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  210 Planters Cir  Quincy FL 32352  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  (Author)  C. Enter new mailing address in applicable: (Mailing address MAY BE A POST OFFICE BOX)  (Mailing address MAY BE A POST OFFICE BOX)  (Mailing address MAY BE A POST OFFICE BOX)  (Florida street address in Florida, enter the name of the new registered Agent address:  (Florida street address)  New Registered Office Address:  (City)  (City)  (City)  (City)  (City)  (City)  (City)		The new
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   (City)   (Zip Code)	"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". 2	A professional corporation name must contain the word
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Name of New Registered Agent  [Florida street address]  New Registered Office Address:  (City)  New Registered Agent's Signature, if changing Registered Agent:		210 Planters Circ QUINCY FC 32352
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New Registered Office Address:, Florida	Name of New Registered Agent	
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New Registered Agent's Signature, if changing Registered Agent:  Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	(City	γ (Σιρ Code)
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hereby accept the appointment as registered agent.—I am familiar with and accept the obligations of the position.	New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>
	I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
	Signature of New Registered .	Agent, ij 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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	V	Theresa Ann Francisco	210 Planters Cir
Add			Quincy FL 32352
Remove			
2) Change	P	Philip R Francisco Jr	210 Planters Cir
X Add			Quincy FL 32352
Remove 3) Change	V	Philip R Francisco III	210 Planters Cir
Add			Quincy FL 32352
X Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<del></del>
Remove			
6) Change			
Add			
Remove			

### Page 2 of 6

## E. FLORIDA PROFIT BENEFIT CORPORATION OPTIONS, IF APPLICABLE: The corporation, in accordance with the required minimum status vote, elects to be a Florida Profit Benefit Corporation in accordance with s. 607.604, F.S. The purpose for which the benefit corporation is organized is to create a general public benefit and: The general and/or specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional): The additional qualifications of Benefit Director(s), if any, are as follows: The name(s) and address(es) of the Benefit Director(s) and/or Benefit Officer(s), if any: Name and Title: Name and Title: Address: \_\_\_\_\_ Address:\_\_\_\_\_\_ (Include attachment if necessary) The corporation, in accordance with the required minimum status vote, terminates its status as a Florida Profit Benefit Corporation in accordance with s. 607.605, F.S. The revised purpose for which the corporation is organized is as follows: The additional qualifications of Benefit Director(s), if any, are no longer applicable and are hereby deleted.

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3 <u></u> 4 <del></del> 1	***************************************
The public benefit for which the corporate	tion is organized is:
The public benefit for which the corporati	tion is organized is.
The specific public benefit(s) to be create	ed by the corporation (in addition to the above) is/are as follows (options
The additional qualifications of Benefit F	Director(s), if any, are as follows:
The additional qualifications of Deficite to	Sheeton(s), if any, are as follows:
The name(s) and address(es) of the Benef	fit Director(s) and/or Benefit Officer(s), if any:
The name(s) and address(es) of the Benef	fit Director(s) and/or Benefit Officer(s), if any:  Name and Title:
	fit Director(s) and/or Benefit Officer(s), if any:  Name and Title:
The name(s) and address(es) of the Benef Name and Title:	fit Director(s) and/or Benefit Officer(s), if any:  Name and Title:
The name(s) and address(es) of the Benef Name and Title:	fit Director(s) and/or Benefit Officer(s), if any:  Name and Title:  Address:
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The name(s) and address(es) of the Benet Name and Title:	fit Director(s) and/or Benefit Officer(s), if any:  Name and Title:  Address:  (Include attachment if necessary)
The name(s) and address(es) of the Benet Name and Title:  Address:  The corporation, in accordance with the r	fit Director(s) and/or Benefit Officer(s), if any:  Name and Title:  Address:  (Include attachment if necessary)  required minimum status vote, terminates its status as a Florida Profit Sc
The name(s) and address(es) of the Benet Name and Title:  Address:  The corporation, in accordance with the r	fit Director(s) and/or Benefit Officer(s), if any:  Name and Title:  Address:  (Include attachment if necessary)
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Attach additional sheets, if necessary	ticles, enter change(s) her y). (Be specific)	_	
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an amendment provides for an excl	hange, reclassification, or	cancellation of issued shares	•
ovisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained i	n the amendment itself:	
(ij noi appricative, mateure (ori)			

The date of each amendmen		, if oth	er thai	n the
date this document was signed	10/01/2021			
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/wer by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.			
	re approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):			
"The number of votes	s cast for the amendment(s) was/were sufficient for approval			
by	(voting group)			
	re adopted by the board of directors without shareholder action and shareholder	SEU: TALLA	2021 (	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	ETART HASSE	2021 OCT 20	FILED
Dated	/2021	OF STATE E. FLORID	PH 5: 53	ED
St	by a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	>	ω	
	Philip R Francisco Jr			
	(Typed or printed name of person signing)	<del></del>		
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	(Title of person signing)	<del></del>		