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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: Indico	Susimming	placks and Spacitin
DOCUMENT NUMBI	O =	20000	17
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
-	Michalle	Name of Contact Person	
4	rdigo Su	Firm/ Company	sols rspas Inc
<u>(</u>	030 040	Address	<u> </u>
_	Venice, F	City/ State and Zip Code	<u>.                                    </u>
2	E-mail address: (to be us	ed for future annual report	corizon, w.2+ notification)
For further information	concerning this matter, pleas	se call:	
Michella Name of	Thaland Contact Person	at (CiVI) Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Maili	ng Address	Street	Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Indico Swimming Pools	end Spesitre	
(Name of Corporation as currently	filed with the Florida Dept. of State)	
PPP0000794	7	
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amen	ndment(s) to
A. If amending name, enter the new name of the corporation:		
Indica Part Partie B	BQ, Inc The	new
name must be distinguishable and contain the word "corporation," "co". "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Co	rp., "
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		
		<u>,                                     </u>
C. Enter new mailing address, if applicable:	C	7
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		10 Hall 8 - 18 10 1
		∞ <u> </u>
		三
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the	ب -
new registered agent and/or the new registered office address:		19
Name of New Registered Agent		
	<u> </u>	
tFlorida stree	et address)	
New Registered Office Address:	, Florida	
	City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi		
2) 211 2		
Signature of New Reg	gistered Agent, if changing	

Check if applicable

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

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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	/
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			· / <del></del>
Add			/
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change		_ /	
Add			
Remove	/		
5) Change	/_		
Add			
Remove	/		
6) Change			
Add /			
Remove			



amendin ttach <i>addi</i>	r adding additional Articles, enter change(s) here: nal sheets, if necessary). (Be specific)	
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<u>an ameni</u> rovisions	ent provides for an exchange, reclassification, or cancellation of issued shares, r implementing the amendment if not contained in the amendment itself:	
(if not	plicable, indicate N/A)	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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 date wi document's effective date on the Department of State's records.	Il 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 action an action was not required.	d shareholder
☐ The amendment(s) was/were adopted 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)	
Dated 2 - \- 2 - 3	
Signature While Signature	
(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)	
appointed indiciary by that indiciary	
Michelle Ingland	···
(Typed or printed name of person signing)	
Vice Prosident	
(Title of person signing)	