POSICIE SOO

(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Add	dress)	·
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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R. Willie



October 7, 2016

BRIAN K HARVEY 4811 LYONS TECHNOLOGY PKWY STE 21 COCONUT CREEK, FL 33073

SUBJECT: GMB AQUATIC SERVICES INC Ref. Number: P08000056602

We have received your document for GMB AQUATIC SERVICES INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

All pages must be completed and included in the document. Pages 2-4 are missing. Please find enclosed and complete the missing pages.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 816A00021637

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: 6MB	Aquatic Service	CB, Inc	
DOCUMENT NUMBER:				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	BriAr	Name of Contact Person	,	
•		Name of Contact Person	n	
	GMB	Aquatic Service	ces, Inc	
GMB AQUATIC SERVICES, INC Firm/ Company 4811 Lyons Technology PKWY STE 21 Address				
	4811 Lyo.	15 Technology Address	PKWY STE 21	
	Geone	+ Creek, ti	73073	
		City/ State and Zip Cod	e	
E-mail address: (to be used for future annual report notification)				
	E-mail address: (to be us	sed for future annual report	notification)	
For further information concerning this matter, please call:				
Boim	K. HARVEY	at (954	de & Davrime Telephone Number	
Name o	of Contact Person	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	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mail	ing Address	Stanct	Adduses	

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 inco	orporation 10 UC 14 AH 1: 17
EMB Aquatic Service	es Incarrage
(Name of Corporation as currently	y filed with the Florida Dept. of State)
	6602
	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "Inc.," or the abbreviation "Inc.," or the abbreviation "Inc., and the content of the content o	Co". A professional corporation name must contain the
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	4811 Cyons Technology PKwy STE.21 Co Conut Creek, fc 33073
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
Name of New Registered Agent Brian K.	HARVEY
4811 Cyon 5 Ta (Florida stre	eclinology ALWY STE.21
New Registered Office Address: COCONUT CIELL	, Florida 33073 (City) (Zip Code)
·	· · · · · · · · · · · · · · · · · · ·

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Age

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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				· · · · · · · · · · · · · · · · · · ·
3) Change		<u> </u>		
Add				
Remove				
4) Change				
Add				
Remove				
5) Character				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

ettach additional sheets, if necessary). (Be specific)	
an amendment provides for an 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)	
(I) not applicable, marcale N/A) V A	
——————————————————————————————————————	
•	

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 will n document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ 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)	
(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.	
Dated 10-10-16 Signature Din Kang	
Signature Lin Lam	
(By a director, president or other officer If directors or officers have not been	-
selected, by an incorporator - if in the hards of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	