P080000 93373

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Amend. 7/14/19 De

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: J & J Pool and Beach Services					
DOCUMENT NUMI	3				
The enclosed Articles	of Amendment and fee a	are submitted for filing.			
Please return all corre	spondence concerning thi	is matter to the following:			
	POWER TO THE	Joseph M. Pou			
		lame of Contact Person			
J & J Pool and Beach Services, Inc.					
Firm/ Company					
462 Golden Isles Drive, Apt. 301					
Address					
		ale Beach, Florida 33009	· · · · · · · · · · · · · · · · · · ·		
	C	ity/ State and Zip Code			
	jjpoolandbead E-mail address: (to be use	chservices@yahoo.com d for future annual report notification)			
For further informatio	n concerning this matter,	please call:			
Jos	eph M. Pou	at (305) 5	346-4573		
Name of 0	Contact Person	Area Code & Daytime Te	lephone Number		
Enclosed is a check fo	r the following amount n	nade payable to the Florida Depar	rtment of State:		
□ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status		\$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 Circ	le		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

J & J Pool and I	Beach Services In	nc.		
(Name of Corporation as curren	tly filed with the Florida	a Dept. of State)		
P080000093373				
(Document Numb	er of Corporation (if know	wn)		
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this FI	orida Profit Corporation	adopts the following	
A. If amending name, enter the new name of t	he corporation:			
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the dependence must contain the word "chartered," "profe	lesignation "Corp," "Inc ssional association," or	," or "Co". A profession		
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET			語を刊	
 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or registered agent and/or the new registered. 	gistered office address in	n Florida, enter the name	EPFLORIFIC of the	
Name of New Registered Agent:				
New Registered Office Address:	(Florida street a	ddress)		
		, Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age			f the position.	

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)

<u>Title</u>	Name	Address	Type of Action
Sec/Tr	Jean C. Gomez	462 Golden Isles Drive, Apt. 301 Hallandale Beach, Florida 33009	☐ Add ☐ Remove
Sec/Tr	Jean C. Pou	462 Golden Isles Drive, Apt. 301 Hallandale Beach, Florida 33009	☑ Add □ Remove
			☐ Add ☐ Remove
	ding or adding additional Articles dditional sheets, if necessary). (B		
provisi	ons for implementing the amendn	nge, reclassification, or cancellation of issument if not contained in the amendment it	
(if n	ot applicable, indicate N/A)		

The date of each amendmen	t(s) adoption: Jul	y 1, 2009			
Effective date if applicable:		(date of ado	otion is required	0	
•	(no more than 90) days after an	iendment file da	te)	
Adoption of Amendment(s)	(<u>CH</u> 1	ECK ONE)			
The amendment(s) was/we by the shareholders was/w			The number of v	votes cast for the a	amendment(s)
The amendment(s) was/we must be separately provide					
"The number of votes	cast for the amend	ment(s) was/v	vere sufficient fo	or approval	
by			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	(voting group)				
The amendment(s) was/we action was not required.					
The amendment(s) was/we action was not required.	re adopted by the i	incorporators v	vitnout snarenoi	der action and sha	irenolder
Dated_July	1, 2009		_		
Signature _	Joseph	Pou	,		
sele	a director, preside acted, by an incorp- pointed fiduciary by	orator - if in t	he hands of a red		
αр,	onned naderary by	r mat naderary	,,		. ,
			h M.Pou		
	(Тур	ed or printed r	name of person s	igning)	
		Preside	nt / Director		
	(Title of	person signing			- · · · · · · · · · · · · · · · · · · ·