PO 90000 12428

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Amend

JAN 2 9 2019 I ALBRITTON

COVER LETTER

Division of Corporations					
NAME OF CORPORATION: Blue Bayou Pool Service, IVC. DOCUMENT NUMBER: P09000012428					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Pamala Ridge Name of Contact Person Blue Baypu Fool Service, INC. Firm/Company P.O. Box 4758 Address Address City/ State and Zip Code G-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Pamla Pride 1027 1656.8150					
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 Certificate of Status Certificate of Status Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)					

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
Tallahassec, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

Bue Bayou Pool Service	ce, Inc
<u> </u>	tly filed with the Florida Dept. of State)
HO 90000 1 2 U 2 8 (Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
NA	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA SO E T
D. If amending the registered agent and/or registered office ad-	dress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent N	<u> </u>
(Florida s	rreet address)
New Registered Office Address:	, Florida
	(True - True)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
Signature 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> Joh	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ce Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	DAVID A. LANE Jr	6689 55th Ave N.
Add Remove			St. Pete, 71 33709
2) Change Add	D	Dylan B. Ridge	9425 118th Lave Seminde, 71 23775
Remove 3) Change	D	Michael A. Ridge	9425 1184 Lare Seminde, 7133772
Remove			
) Change			
Add			
Change			
Add			
Change			
_ Add			
Remove			

If amending or a (Attach additiona	ndding additional Article I sheets, if necessary). (s, enter change Be specific)	(s) here:			
	M/4					
				·		
					<u> </u>	<u> </u>
If an amendmen	t provides for an exchan	ge, reclassificati	ion, or cancella	tion of issued s	hares,	
(if not appli	mplementing the amendicable, indicate N/A)	nent ii not cont	ained in the am	<u>ienoment itsett</u>	1	
NIA						
						
	·					
						
•						
						

The date of each amendment(s) ac	loption:	, 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 b document's effective date on the De	lock does not meet the applicable statutory filing requirements, thi partment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendm flicient for approval.	ent(s)
	roved by the shareholders through voting groups. The following staeach voting group entitled to vote separately on the amendment(s):	lement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	······································	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareh	older
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholde	г
Dated	127/18	
Signature	(101)	
	rector, president or other officer - if directors or officers have not b	
	1. by an incorporator – if in the hands of a receiver, trustee, or other ed fiduciary by that fiduciary)	court
аррони	ou node any by that indicately	•
	Lamala Kyda-e	
/	(Typed or primed name of person signing)	
	Socrafaria	
•	(Title of person signing)	