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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MASTER POOL	SERVICES FL INC	
	BER:		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	· · · · · · · · · · · · · · · · · · ·
Please return all corre	spondence concerning this ma	atter to the following:	
	NELVA NEVES		
		Name of Contact Perso	n
	RS ACCOUNTING AND T	AX SERVICES INC	
		Firm/ Company	
	10 FAIRWAY DRIVE STE	210	
		Address	
	DEERFIELD BEACH FL 33	3441	
		City/ State and Zip Cod	le
	NELVA@MASTERPOOLS	ERVICES.COM	
		sed for future annual report	notification)
For further informatio	n concerning this matter, plea		
		at (623-7615
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Dep	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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 shassee, F1, 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee V. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

MASTER POOL SERVICES FL INC.

	ASTER TOOL SERV	ICEST LIP HAC		
(Name of Cor	poration as currently	filed with the	Florida Dept. of Sta	ite)
	P0900007542	26		
(Document Number of	Corporation (if	known)	 -
Pursuant to the provisions of section 607,1006, its Articles of Incorporation:	Florida Statutes, this I	Torida Profit C	orporation adopts th	e following amendment(s) t
A. If amending name, enter the new name of	the corporation:			
	R POOL & HOME CL	EANING INC		
name must be distinguishable and contain the wo "Inc.," or Co.," or the designation "Corp," "chartered," "professional association," or the	"Inc," or "Co". A	ompany," or "in professional c	ncorporated" or the a orporation name m	The new abbreviation "Corp.," ust contain the word
B. Enter new principal office address, if appl (Principal office address MUST BE A STREE	licable: T ADDRESS)	NONE		
				2021
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>CE BOX</u>)	NONE		7
				SSC P
D. If amending the registered agent and/or renew registered agent and/or the new regis	egistered office addre tered office address:	ss in Florida, e	enter the name of th	e Par
Name of New Registered Agent NON				
	(Florida stree	t address)	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		Tity)	, Florida	a(Zip Code)
				(zip Code)
New Registered Agent's Signature, if changin I hereby accept the appointment as registered ag	g Registered Agent: gent. I am familiar wi	th and accept ()	ne obligations of the	position.
	Signature of New Rey	istered Agent, (f 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)

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>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		NONE	
Add			-
Remove			
2) Change			_
Add			
Remove 3) Change	7		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional she	ng additional Articles ets, if necessary). (B	i , enter change(s) here : Re enecific)		
ONE	em, y necessary, (D	ie specificy		
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<u>If an amendment pro</u>	yides for an exchange	e, reclassification, or c	ancellation of issued sha	1 Mess
<u>-provisions</u> for implei	menting the amendm	ent if not contained in	the amendment itself:	
(if not applicable	, indicate N/A)			
NE				
<u> </u>				
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The date of each amendment(s date this document was signed.	s) adoption:	, if other than the
-	03/09/2021	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date bepartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action a	and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the amendment(s) e sufficient for approval.	
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	<u></u>	
	(voting group)	
03/09/20 Dated		
sete	director, president or other officer – if directors or officers have not been ded, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	JOAO ABADIO NETO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	 -

. . . .