## P0900079409

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: BLUE DOT POOLS, INC.	
DOCUMENT NUMBER: P09000079409	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
STEVEN SHENBAUM	
Name of Contact Person	_
	_
Firm/ Company	
1025 HOMEWOOD AUE	
Address	
MELBOURNE FL 32940 City/ State and Zip Code	_
SShenbaum @ Cfl. rr. (om E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
STEVEN SHENBAUM at (321 ) 501-8079	
Name of Contact Person Area Code & Daytime Telephone Numb	ber
Enclosed is a check for the following amount made payable to the Florida Department of Sta	ate:
(Additional copy is enclosed) Certified	ate of Status
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

## **Articles of Amendment** to **Articles of Incorporation**

	01		
BLUE DOT POO	OLS INC.		
(Name of Corporation as curren	tly filed with the Flor	rida Dept. of State)	
P09000079	409		
	per of Corporation (if k	known)	
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this	Florida Profit Corporation adopts the follow	ing/
A. If amending name, enter the new name of t	the corporation:		
SMS ENTERPRISE	S, INC	The new	
name must be distinguishable and contain the abbreviation "Corp" "Inc.," or Co.," or the d name must contain the word "chartered," "profe.	e word "corporation lesignation "Corp," ".	"", "company," or "incorporated" or the Inc," or "Co". A professional corporation	
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET		<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	TI JUL =7 AMI	e
D. If amending the registered agent and/or reg		s in Florida, enter the name of the	
new registered agent and/or the new register	erea office address:		
Name of New Registered Agent:	$\overline{}$		
New Registered Office Address:	(Florida stree	et dodiress)	
	(C:6u)	, Florida (Zip Code)	
	(City)	(Zip Coae)	

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 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	i		Add Remove
E. <u>If ame</u> (attach	nding or adding additional additional sheets, if necessa	Articles, enter change(s) here: ry). (Be specific)	
		[0 0	_
F. Ifan:	amendment provides for an	n exchange, reclassification, or cancellati	on of issued shares,
	not applicable, indicate N/A	amendment if not contained in the amer	idment itsell:
		NA. 1	

The date of each amendment	(s) adoption:	6-	24-11		
Effective date <u>if applicable</u> :	· ·	(date of adop	tion is requi	red)	
	(no more than 90	0 days after am	endment file	date)	
Adoption of Amendment(s)	( <u>CH</u>	ECK ONE)			
The amendment(s) was/wer by the shareholders was/we	re adopted by the are sufficient for a	shareholders. T pproval.	The number of	of votes cast for	the amendment(s)
The amendment(s) was/wer must be separately provided			_		
"The number of votes of	east for the amend	lment(s) was/w	ere sufficien	t for approval	
by	μ(A (voting group)		.,,		
	(voting group)				
The amendment(s) was/wer action was not required.  The amendment(s) was/wer					
action was not required.	c adopted by the	incorporators w	inout snare.	noider action air	u shareholder
Dated	5-24-11		_		
selec	a director, presidented, by an incorpointed fiduciary by	ent or other offi orator – if in th	e hands of a		
	STE	VEN SI	LIFNBA	υM	
		ed or printed na			<del></del>
	DIRE	CTOR / P	RESIDE	.NT	
	(Title of	person signing	)		