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Amend CC

COVER LETTER

Division of Corporations NAME OF CORPORATION: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Firm/ Company Address City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: **☑**\$43.75 Filing Fee & □\$52.50 Filing Fee □\$43.75 Filing Fee & □ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (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
Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation	
Pool (lear Cose.	
(Name of Corporation as currently filed with the Florida Dept. of State)	_
P090000 94 842	
(Document Number of Corporation (if known)	_
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	ng 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," "company," or "incorporated" or the c "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must word "chartered," "professional association," or the abbreviation "P.A."	ibbreviation contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	13 15 15 15 15 15 15 15 15 15 15 15 15 15
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FILED SATE OF STATE O
D. <u>If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:</u>	
Name of New Registered Agent Carlos Marguez	
New Registered Office Address: BOCA RADY, FL, Florida 3349 (City), FL, Florida (Zip Code)	$\mathbf{\hat{I}}$
20423 SR 7 F6-293 (Floridg street address) New Registered Office Address: BOCQ RADD, FL, Florida 3349)))

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 <math>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>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	Gisela Parra	10701 San Bernardino Way
Add			Boca Roton, FL 33428'
Remove			561 - 4515941
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Chanca			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
<u>rovisions for implementing the ame</u>	ndment if not contained in the amendment itself:
(if not applicable indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

The date of each amendment(s) add	option: JUW IST 2013
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop by the shareholders was/were suff	sted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval
by	."
	(voting group)
☐ The amendment(s) was/were adop action was not required.	sted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adop action was not required.	eted by the incorporators without shareholder action and shareholder
Dated	My 1st 2013
Signature	TT
(By a dir	ector, president or other officer – if directors or officers have not been
selected,	by an incorporator – if in the hands of a receiver, trustee, or other court diffuciary by that fiduciary)
арроппе	
_	Carlos Marguez (Typed or printed name of person signing)
_	President.
_	(Title of person signing)