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## **COVER LETTER**

TO: Amendment Section  Division of Corporations
NAME OF CORPORATION: Trofssional Bool Management and Leak's Corp
DOCUMENT NUMBER: Y 100000 7065
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Humberto Oliveira
Professional Pool Management and Lealis Corp
8433 Boca Nio Drive
Doca Naton, FL 33433
City/ State and Zip Code
trofessional Dool @ Icloud.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Humberto Oliveira at (56) 866-2357  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  Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

. , Articles of Ame	endment
Articles of Incom	poration
Trofessional Pool Manager	nent and Leaks Corp.
(Name of Corporation as curriently	iled with the Florida Dept. of State)
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. It amending name, enter the new name of the corporation:  TO ESSIONA PolyManagemer  name must be distinguishable and contain the word "carporation. "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P	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> )	
	= = = = = = = = = = = = = = = = = = = =
	- 100 mg
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	is in Florida, enter the name of the
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
Nume of Yew Registered Agent	The special sp
(Florida stree	address)
New Registered Office Address:	, Florida
(C	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with	n and accept the obligations of the position.
Cionatina -Chi D-	signated Acoust if showing
Signature of New Reg	sistered 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.

<u>X</u> Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Joi	ne <u>s</u>	
X Add	<u>sv</u>	Sally Sm	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add			·	
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add		_		
Remove				
4) Change				A A A A A A A A A A A A A A A A A A A
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an excl provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
4	
	AND A SECOND CONTRACTOR OF THE SECOND CONTRACT

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by'''	. 일
(voting group)	<b>5</b> 55
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	The state of the s
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	P
Dated January 6, 2016	1:14
Signature //	
(By a director, 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 appointed fiduciary by that fiduciary)	
Typed or printed name of person signing)	
President	
(Title of person signing)	