

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special Instructions to Filing Officer: Spoke to Luis Patino to Approved the adoption of Approved the adoption of Amendments on Page Hoff, or 8/24/17
, X





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: <u>Oasis Pa</u>	ools of Sou	+ West Florida Inc
DOCUMENT NUMBI	er: <i>710</i> 0000	18399	<u>, </u>
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
	Luis	S- PATIND Name of Contact Perso	
_		Name of Contact Perso	on .
_	OASIS Pools	s of Souti	LWest Florida Inc
_		Firm/ Company	
	6017 PIN	c Ridge	RD S+E 277
_		Address	
	NAPles	S, FL 3411 City/ State and Zip Coo	9
		City/ State and Zip Coo	le
	lend nas	15 builders	wfl.com,
		sed for future annual repor	
	concerning this matter, please S $PAT, \sim o$, 272-1344
Name of	Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	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)
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 nassee, FL 32314	Amen Divisi Cliftor 2661 I	Address dment Section on of Corporations n Building Executive Center Circle assee, FL 32301

Articles of Amendment to

Articles of Incorporation of

Dasis Pools of South	West Florida Inc
	ly filed with the Florida Dept. of State)
P10000018	399
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following 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 "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	15275 Collier Blod STE 201
	NADIES, FL 34119-6750
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	15275 Collier Blvd
	STE 201 NAPles FL 34119-4750
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address Name of New Registered Agent	ress in Florida, enter the name of the
(Florida st	rect address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	
Signature of New I	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>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
_X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
l) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		_	· · ·	
Remove				
6) Change				
Add				
Remove				

(Attach additional sheets, if necessary).	cicles, enter change(s) here: (Be specific)
·	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amount	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date <u>if applicable</u> : (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 document's effective date on the Department of State's records.	s date will 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 by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 8 17 2017 Signature	
(By a director, president or other officer – if directors or officers have not be	
selected, by an incorporator – if in the hands of a receiver, trustee, or other of	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Office PSNT	
$\frac{Office}{\text{(Title of person signifig)}}$	