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2815 AUG 24 PM 12: 47

AUG 25 2015



COVER LETTER

Division of Corporations WESTSide POOL OF ZAIDAL INC. Plooooo29452 NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: BASEL HABABA

Name of Contact Person Name of Contact Person

Westside Pool OF Zaidal IN

Firm/ Company

7579 103RD StREET #8

Address

Jacksunville FL 32216

City/ State and Zip Code hababa IIII @ Yahoo. Com.

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Pag □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

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

is enclosed)

Articles of Amendment

to
Articles of Incorporation

FHLED

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WEST Side Pool	OF ZAIDAL	TNC		4 PM 12: 47
		filed with the F	lorida Dept. of State)	& OC STATE
	29452		nown)	EE: LURIDA
	Document Number of	Corporation (if k	nown)	Sale Programme Sales
resuant to the provisions of section 607.1006, Articles of Incorporation:	Florida Statutes, this F	Iorida Profit Co	rporation adopts the fol	lowing amendment(
If amending name, enter the new name of	the corporation:			
				The new
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation ord "chartered," "professional association,"	"Corp," "Inc," or "C	co". A professio		
Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>				_
. Enter new mailing address, if applicable				
(Mailing address MAY BE A POST OFFIC	CE BOX)		· · · · · · · · · · · · · · · · · · ·	
		_		
. If amending the registered agent and/or r		ess in Florida, ei	nter the name of the	
new registered agent and/or the new regi	stered office address:			
Name of New Registered Agent				
	(Florida stree	et address)		
New Registered Office Address:		City)	, Florida	(Zip Code)
	,,	Сиуу		(ZIP Code)
ew Registered Agent's Signature, if changi				
hereby accept the appointment as registered a	igent. I am familiar w	ith and accept th	e obligations of the pos	ition.
	Signature of New Re	gistered Agent, i	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	PT Jo	ohn Doe	
X Remove	<u>v</u> <u>M</u>	fike Jones	
X Add	<u>SV</u> Sa	ally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>VP</u>	SALEM DABOUL	4106 SAN REMO
Add			DRIVE
Remove			JACKSONVILLE FL 322/7
2) Change	 		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach <i>addit</i>	ional sheets, if	necessary).	(Be speci	chánge(s) here fic)				
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an amend	lment provides	s for an exch	ange, recla	ssification, or	cancellation	of issued st	ares,	
rovisions (if not)	<u>for implement</u> applicable, ind	<u>ting the amer</u> licate N/A)	idment if i	not contained i	n the ameno	<u>lment itself:</u>		
(9 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Solney	DaR	1.11		
	3070	TAMPAC	, 	NCHEM	VANC	102		
								
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	<u> </u>							

The date of each amendment(s) adoption:	08-21-2015	, if other than the
date this document was signed.	•	
Effective date if applicable:	08-21-2015	-
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirement of State's records.	s, this date will not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for	ne shareholders. The number of votes cast for the amor approval.	endment(s)
	the shareholders through voting groups. The followining group entitled to vote separately on the amendmen	
"The number of votes cast for the an	nendment(s) was/were sufficient for approval	
by		
(t	voting group)	
☐ The amendment(s) was/were adopted by the action was not required.	he board of directors without shareholder action and s	hareholder
The amendment(s) was/were adopted by the action was not required.	he incorporators without shareholder action and share	nolder
Dated	21-2015	
Signature		
	resident or other officer – if directors or officers have	
	ncorporator – if in the hands of a receiver, trustee, or carry by that fiduciary)	other court
appointed figure	ary by that inductary)	
	BASEL HABABA.	
	(Typed or printed name of person signing)	
	President	
	(Title of person cioning)	