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COVER LETTER

TO: Amendment Section Division of Corporations Pool_ RAPPIER Orlando Tuc NAME OF CORPORATION: DOCUMENT NUMBER: P1000050195 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Corey Miller
Name of Contact Person
POO! Barrier Orlando Inc
Firm/ Company 10151 University Blue, Orlando, FL, 32817 # 350 Or Ind / Florida / 3281?

City/ State and Zip Code E-mail address: (to be year future annual report notification) For further information concerning this matter, please call: Corey Miller at (321) 948 7546

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: \$43.75 Filing Fee & □\$43.75 Filing Fee & □ \$35 Filing Fee □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

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 to Articles of Incorporation

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| | 74. 2/ |

| (Name of Corporation as currently filed with the Florida Dept, of State) P] 000050195 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment (its Articles of Incorporation: 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 abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Originals, FL, 32517 | Pool Barrier Orland | do Inc. |
|--|--|---|
| (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment (its Articles of Incorporation: A. If amending name, enter the new name of the corporation: | | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(sits Articles of Incorporation: 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 abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Original FL 32817 | P1000005019 | 15 |
| 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 abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co., A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. I. D. I. V. I. S. I. J. | (Document Number of | of Corporation (if known) |
| The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) DIALO, FL, 32517 | | : Florida Profit Corporation adopts the following amendment(s) to |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co " or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) O(1912) FL, 32817 | A. If amending name, enter the new name of the corporation: | |
| "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association." or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) C. In the mailing address of applicable: (Mailing address MAY BE A POST OFFICE BOX) C. In the mailing address of applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) OCIANOS, FL, 32817 DOINAS, FL, 32817 OCIANOS, FL, 32817 | "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or | "Co". A professional corporation name must contain the |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D(1925 FL, 3287) | | 10151 UNIVERSITY Blue |
| (Mailing address MAY BE A POST OFFICE BOX) [D/51 DNIVEYS HY BIVE Orinkly FL, 3281) | | U(JANOS, FL, 52811 |
| | | 10151 UNIVERSITY BINE |
| | | Oring FL, 32817 |
| D. 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: | | |
| Name of New Registered Agent Corey Miller | Name of New Registered Agent | Miller |
| 10151 UNIVEYSITY Blv.) (Florida street address) | | treet address) |
| New Registered Office Address: Of IANO, Florida 32817 (City) (City) (Zip Code) | New Registered Office Address: 011AA | O, Florida 32817 (City) (Zip Code) |
| | | |
| 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)

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 | PT John Doe | |
|-------------------------------|--------------------------|-----------------------|
| X Remove | V Mike Jones | |
| X Add | SV Sally Smith | |
| Type of Action (Check One) | <u>Title</u> <u>Name</u> | <u>Addres</u> s |
| 1) Change | CEO Corry Miller | 10157 University Blud |
| _X_ Add | ı, | OrmHo, FL, 32817 |
| Remove | | |
| 2) Change | P Rager Thorps | 1840 Edwin Bled |
| Add | · | Wilter Park, FL |
| Remove | 0 | 32 789 |
| 3) Change | VP Christide Thorpe | 1840 Edwid BIVE |
| Add | | Widter Park, FL |
| Remove | | 32789 |
| 4) Change | SEC Christino Thorpe | 1840 Edwin Blud |
| Add | | WINTER PACK, FL |
| Kemove | | 32789 |
| 5) Change | | |
| Add | | |
| Remove | | |
| 6) Change | | |
| Add | | |
| Remove | | |

| Attach additional sheets, if necessary). | (Be specific) | | |
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| | nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: | | |
| (if not applicable, indicate N/A) | | | |
| 7 500 | | | |
| Komovity 300 sha | eres from Payer Thorpe | | - |
| Remarky 500 she | shaves, 1000 shares to Carry | | |
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| Addisy 100% of | shares 1000 shares to Corey | Miller Sole | OV |
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| The date of each amendment(s) adoption: $\frac{12/31/2077}{}$, if other than the |
|--|
| The date of each amendment(s) adoption: 12/31/2017 if other than the late this document was signed, Effective date if applicable: (no more than 90 days after amendment file date) |
| (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 not be listed as the locument's effective date on the Department of State's records. |
| 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" (voting group) |
| (voting group) |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. |
| Dated 11/3/1/2017 |
| Signature / Lewis luces |
| (By addrector, 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) |
| Coxey Miller |
| (Typed or printed name of person signing) |
| CEO |
| (Title of person signing) |