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SEGNETARY OF STATE
FALLANIASSEE FLORID

## COVER LETTER

<b>TO</b> : Amendment Section Division of Corporat	ions		
NAME OF CORPORA	TION:VIP POOL SERVICES C	ORP.	
DOCUMENT NUMBER	R:		
The enclosed Articles of .	Amendment and fee are submitted for	filing.	
Please return all correspon	ndence concerning this matter to the f	ollowing:	
	MARIEL MARTINEZ		<u>.                                    </u>
	Name o M & M ASSOCIATESG	f Contact Person	
	Fire	n/ Company	
	2350 WEST 84 STREET SUITE 7	Le Company	
_		Address	<del></del>
	HIALEAH, FL 33016		
	City/ St	nte and Zip Code	
M.PAR	RA@MMASSOCIATESG.COM		
	E-mail address: (to be used for futu	re annual report n	otification)
For further information co	oncerning this matter, please call:		
MARIEL MARTINEZ			.) 698-8171
Name of C	Contact Person	Area Code	e & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the		he Florida Depart	tment of State:
S35 Filing Fee	Certificate of Status Certifi	ed Copy onal copy is	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amend Divisio P.O. Bo	g Address ment Section n of Corporations ox 6327 ssee, FL 32314	Division Clifton I 2661 Ex	nent Section of Corporations

## Articles of Amendment to Articles of Incorporation of

VIP POOL SERVICES CORP

		· I	
(Name o	of Corporation as cur	rently filed with the Florida Dept. of State)	
P10000070039			
	(Document Numb	ber of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes.	this Florida Profit Corporation adopts the following amendment	t(s) to
A. If amending name, enter the new na	me of the corporation		
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc."	The new pration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the tion "P.A."	
B. Enter new principal office address, (Principal office address MUST BE A S		· iT&	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		OCI -2 PM 4: 01 CIVETARY OF STATE LAHASSEE, FLORIDA	ก = ก
D. If amending the registered agent an new registered agent and/or the new		address in Florida, enter the name of the	
Name of New Registered Agent	DARIAN PAZ		
	7873 NW 172 ST		
	(Florid	ida street address)	
<u>New Registered Office Address</u> :	HIALEAH	Florida 33015	
		(City) (Zip Code)	
	ered agent. I am fami	sgent: iliar with and accept the obligations of the position.  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 = ChiefExecutive 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 F. 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. X Change Jolin Doe <u>PT</u> X Remove V Mike Jones <u>SV</u> Sally Smith <u>X</u> Add Address Type of Action Title Name (Check One) VICTOR PAZ 14168 NW 88 PLACE 1) X Change P,S MIAMI LAKES, FL 33018 \_\_\_ Add Remove DARIAN PAZ 7873 NW 172 ST 2) X Change HIALEAH, FL 33015 \_\_\_\_ Add Remove VP SONIA PAZ 14168 NW 88 PLACE 3) \_\_\_\_ Change MIAMI LAKES, FL 33018  $\Delta dd$ \_ Remove SANDY PAEZ 14168 NW 88 PLACE T,S4) Change MIAMI LAKES, FL 33018 \_\_\_\_ Add Remove 5) \_\_\_\_ Change \_\_\_\_ Add \_\_\_ Remove

6) Change

\_\_\_\_ Add

Remove

If amending or adding additional Articles, enter change(s	s) nere:
Attach additional sheets, if necessary). (Be specific)	
<del></del>	
***	
<u>If an amendment provides for an exchange, reclassificati</u>	on, or cancellation of issued shares,
provisions for implementing the amendment if not conta	nined in the amendment itself:
(if not applicable, indicate N/A)	
	ł
<del>-</del>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
08/01/2017 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 app document's effective date on the Department of State's records.	licable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. It by the shareholders was/were sufficient for approval.	he number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to	
"The number of votes cast for the amendment(s) was/v	gere sufficient for approval
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of director action was not required.	rs without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators was not required.	ithout shareholder action and shareholder
08/01/2017 Dated	
Dated	
Signature VICTON I Ca	Ticer – if directors or officers have not been
(By a director, president or other of	Ticer – if directors or officers have not been
selected, by an incorporator – if in appointed fiduciary by that fiduciar	the hands of a receiver, trustee, or other court
	27
VICTOR PAZ	
(Typed or printe	d name of person signing)
PRESIDENT	
(Tit	e of person signing)
	1