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COVER LETTER?

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ROBIN De BERRY POUL Sales
DOCUMENT NUMBER: (EIW) 27545513
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

RoBin DeBerry
Name of Contact Person Rame of Contact Person
ROBIN De BERRY Pool Scres
553 SE 23 Rd St.
553 SE 23Rd St. Verzi Bett. FL.
City/ State and Zip Code 32962

E-mail address: (to be used for future annual report notification)

For further information	concerning this matter, pleas	se call:	
Robin	DeBerry of Contact Person		2) 321-44, de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	irtment of State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (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 Robert Defensy Pools 772-321-4433 June 30411 2017
553 23 nd St S.E. 71
VIETO Beach 71
VIETO BEAC

Articles of Amendment to Articles of Incorporation

of

Robin BoBerry Pool Sa		- <u>-</u> -
(Name of Corporation as currently	filed with the Florida Dept. of State)	
110000 gard 14		
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Clorida Profit Corporation adopts the fol	lowing amendment(s) to
A. If amending name, enter the new name of the corporation:	NA	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Cword "chartered," "professional association," or the abbreviation "F	lo". A professional corporation name	the abbreviation must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	THE NAME OF THE PARTY OF THE PA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered office addresses registered agent and/or the new registered office address:		17 JU
Name of New Registered Agent		
New Registered Office Address:	et address), Florida	Q; A;
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w.	ith and accept the obligations of the pos	itton.
Daniel D. D.	Bury	
Signature of New Re	rgistered 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	<u>V</u> <u>Mike Jones</u>	
X Add	<u>SV</u> <u>Sally Smith</u>	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address 0 - 1
1)Change	V David DeBerry	553 SE 23 &d. St Vero Beach
X_ Add	,	Vero Beach
Remove		th. 32962
2) Change		
Add		
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
51 Change		
Add		
Remove		
6) Change		
Add		
Remove		$V \sim IV$

tach additional sheets, if necessary)	i. (Be specific)
	
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an amondment provides for an ex-	change, reclassification, or cancellation of issued shares,
rovisions for implementing the ar	nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) ad	option:	, if other than th
date this document was signed.		•
Effective date if applicable:	(4/3)/17	
	(no(more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	lock does not meet the applicable statutory filing requirements, this dapartment of State's records.	te will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	\$)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
, -	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholde	er
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 6 /3	<i>t</i> _	
Signature _	Robin Do Bann	
(By a di	irector, president or other officer - if directors or officers have not been	
	1, by an incorporator – if in the hands of a receiver, trustee, or other course 1.5 to sign by the first business.	rt
арронц	red fiduciary by that fiduciary)	
	(LOBINLDEBELLY	
	(Typed or printed name of person signing)	
	Prosident	
	(Title of person signing)	