P110000 12641

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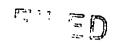
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Sparkling Waters I	Pool & Spa Services, Inc			
DOCUMENT NUMB	P11000072641				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	David C Lapp				
•	Name of Contact Person				
	Sparkling Waters Pool & Spa Services, Inc				
•	Firm/ Company				
	3411 West Main Street, Suite #6				
	Address				
	Leesburg, FL 34748				
•	-	City/ State and Zip Code	e		
villag	espooldoctor@yahoo.com				
	•	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
David C Lapp		at (633-2578		
Name o	f Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



SPARKLING WATERS POOL AND SPA SERVICES, INC.

2019 JUL -5 PM 6: 57

P11000072641 (Document Number of Corp. Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florid</i> its Articles of Incorporation:	oration (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i>	oration (if known)	
·		
	da Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporation," " "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". word "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	11 West Main Street	
(Delicaled office address MICT DE A STREET ADDRESS)	ite #6	
Lu	eesburg, FL 34748	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11 West Main Street	
Su	Suite #6	
Le	resburg, FL 34748	
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered office address:	Florida, enter the name of the	
Name of New Registered Agent David C Lapp		
3411 West Main Street, Suite #6	5	
(Florida street ad	dress)	
New Registered Office Address: Leesburg	. Florida 34748	
(City)	(Zip Code)	

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: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	Mirna Lapp	9767 Peppertree Place
X Add			Wildwood, FL 34785
Remove			
2) Change	D	Diane J Lapp	3018 Rosebriar Lane
Add			The Villages, FL 32163
X Remove			
3) Change	D	Chauncey M Lapp	3018 Rosebriar Lane
Add			The Villages, FL 32163
X Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
Α	
<u> </u>	
	· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	· · · · · · · · · · · · · · · · · · ·

	(s) adoption:	, if other than the
date this document was signed	June 21, 2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this che Department of State's records.	late will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment are sufficient for approval.	(s)
☐ The amendment(s) was/wei must be separately provide	re approved by the shareholders through voting groups. The following states ad for each voting group entitled to vote separately on the amendment(s):	nent
	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and sharehold	ler
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated	naunces lan	
(l:	y a director, president or other officer - if directors or officers have not been	1
Se	elected, by an incorporator - if in the hands of a receiver, trustee, or other con	urt
a _l	ppointed fiduciary by that fiduciary)	
	Chauncey M Lapp	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	