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COVER LETTER .

Tallahassee, FL 32314

		COVER LETTER	· .	
TO: Amendment Sec Division of Corp				
NAME OF CORPO	RATION: DADELAND POO	DL PLUS CORP		3
	BER: P11000085403			3
	s of Amendment and fee are su			(D)
Please return all corn	espondence concerning this ma	tter to the following:		
	GUILLERMO MARTINEZ			
		Name of Contact Person	 n	_
	GUILLERMO MARTINEZ	& ASSOCIATES, CPA, PI	LLC	
		Firm/ Company		
	10661 NORTH KENDALL I			
		Address		
	MIAMI, FLORIDA 33176	, name.		
		City/ State and Zip Cod	e	_
GM	ARTINEZ@FLORIDATAXA	DVISORS.NET		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
GUILLERMO MAR	TINEZ	786 at (429-0827	
Name	of Contact Person	Area Co	de & Daytime Telephone Numb	ber
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:	
S35 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)	
	illing Address tendment Section		Address Iment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

DADELAND POOL PLUS CORP

(Name of Corporation as currently fi		CECALANCE CO
T11000007103	ied with the Fiorida Dept.	or states of the state of the s
P11000085403		A.G. 3
(Document Number of Co	orporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	rida Profit Corporation ado	pts the following amendmen
A. If amending name, enter the new name of the corporation:		
	NIA	The new
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 professional corporati	ated" or the abbreviation
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 <u>MAY BE A POST OFFICE BOX</u>)	NIA	
-		
D. If amonding the registered point and/or registered office address.	in Clarida antar the nume	of the
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Plorida, emer the name	<u>or the</u>
Name of New Registered Agent		
Nume of New Registered Figure	NA	
	address)	
tFlorida street		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	Florida

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, 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 = C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each of 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. Ther 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 Char Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:		., ., ., ., ., ., ., ., ., ., ., ., ., .	
X Change	<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>	Address
1) Change	PD	JOSEP M VECIANA	12811 SW 119 ST
Add			MIAMI, FL. 33186
X Remove			
2) Change	VP	MONTSERRAT RAMS	12811 SW 119 ST
Add			MIAMI, FL. 33186
X Remove			
3) Change	PD	MARIO MOISES SON	9331 BROAD MANOR ROAD
X Add			MIAMI, FL. 33147
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	cets, if necessary). (Be specific)	
/A		
		
provisions for im	rovides for an exchange, reclassification, or cancellation of issued shares, elementing the amendment if not contained in the amendment itself: ble, indicate N/A)	
//A		

The date of each amendment(s) ac date this document was signed.	option:	, if other than
	Y 3, 2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment)	(ile date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requestrement of State's records.	tirements, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for fficient for approval.	the amendment(s)
	roved by the shareholders through voting groups. The each voting group entitled to vote separately on the an	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action	on and shareholder
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action ar	d shareholder
JULY 3, 20 Dated	19	
Signature		
selected	rector, president or other officer – if directors or office I, by an incorporator – if in the hands of a receiver, trus ed fiduciary by that fiduciary)	
	JOSEP M VECIANA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

as