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COVER LETTER

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION: Pool D	bgs inc	
DOCUMENT NUMBER:	<u> </u>	
The enclosed Articles of Amendment and fee are sul	abmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
	K6,3f.2500 Name of Contact Person	
	Pool Dogs inc	
	9165 SE Athens St	
Hob	Pool Dogs in C Firm/ Company 9165 5 F Athens 5t Address City/ State and Zip Code	
Pe11 21:	38 @ Jmail.com	
For further information concerning this matter, pleas	sed for future annual report notification) use call:	
Pall Kiistinsson	at (<u>S61</u>) <u>667 – 2148</u> Area Code & Daytime Telephone Number	
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:	
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & □S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently	filed with the Florida Dept. of State)
Pool Dogs	inc
(Document Number of	
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	Iorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation 'P.A."	mpany," or "incorporated" or the abbreviation "Corp.,"
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)	
	700
D. If amending the registered agent and/or registered office addre	ss in Florida enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	WG PH C
(Florida stree	u address)
New Registered Office Address:	, Florida
· ·	Tity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent.—I am familiar wi	th and accept the obligations of the position.
/-	

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	<u>PT Jo</u>	olin Doe	
X Remove	<u>V</u>	like Jones	
X Add	<u>SV</u> <u>S</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	_P	Tavis Glamuzina	17353 615+ PL N
Add			Loxanatchee FL 33470
X Remove			Leaving the corporation
2) X Change		Pall Kristinsson	9165 5 E Athena 5
Add			Hobe Sound FL 33455
Remove 3.) Change			Change to President
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<u>.,,</u>
6) Change			
Add			
Remove			

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

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	ption:		, if other than th
date this document was signed.			
Effective date <u>if applicable</u> :		ore than 90 days after amendment file date)	
	(no mo	re than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep		the applicable statutory filing requirements, this date records.	will not be listed as th
Adoption of Amendment(s)	(CHECK O	<u>ONE</u>)	
The amendment(s) was/were adopaction was not required.	oted by the incorpor	orators, or board of directors without shareholder action	and shareholder
The amendment(s) was/were ado by the shareholders was/were sul	nted by the sharehol ficient for approval	olders. The number of votes east for the amendment(s) il.	
☐ The amendment(s) was/were appropriately provided for a	oved by the sharehouch voting group co	nolders through voting groups. The following statemen entitled to vote separately on the amendment(s):	at .
"The number of votes cast t	or the amendment(s	(s) was/were sufficient for approval	
In Pool Dogs.	hc	<u>,.</u> .	
by Pool Dogs.	(voting grou	up)	
Dated $9-29$	5-21		
	11/	-	
Signature The Alice	antar provident or	other officer – if directors or officers have not been	
selected		or – if in the hands of a receiver, trustee, or other court	
	Pall	Kristinsson	
•	(Typed o	or printed name of person signing)	
	(Title of	f person signing)	