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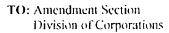
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COVER LETTER



Tallahassee, FL 32314



2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Economica Oral Care Con Fra					
NAME OF CORPORATION: Sparkling Pool Care Co., Fro.					
DOCUMENT NUMBER: VIQ CC CC Q S 8 3 1					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Arthony Boiler Cler					
rante of Contact i cison					
Sparkling Pool Care Co. Inc					
Sparkling Pool Care Co. The Firm Company 3817- Call Dway Dr. Address					
Address					
O(1 P). 3380 City/ State and Zip Code					
City/ State and Zip Code					
E-mail address: (to be used for future annual report notification))					
for further information concerning this matter, please call:					
Archory Buttercier at 331 U39 CY77 Name of Contact Person 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:					
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee					

Articles of Amendment

Articles of Incorporation of

FILED

Sagykli	on Pool Care Grandes DALESTAC.
	s currently filed with the Florida Dept. of State)
· 	OF ODE TUDY OF STATE
	Number of Corporation (if known)
(120ctiment)	Number of Corporation (If known)
Pursuant to the provisions of section 607,1006, Florida Statits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ration:
	The new
name must be distinguishable and contain the word "corpor "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviation	ration," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word on "P.A."
B. Enter new principal office address, if applicable:	3812 Callower Dr.
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>
	$\frac{-(0,0)}{2}$
C. Enter new mailing address, if applicable:	012 221 1071115
(Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX GO 1942
	011 4.33860
	,
 If amending the registered agent and/or registered of new registered agent and/or the new registered office 	
1	
Name of New Registered Agent	
	Florida street address)
New Registered Office Address:	(City) Florida(Zip Code)
New Registered Agent's Signature, if changing Registers I hereby accept the appointment as registered agent. I am	
r nereoy accept the appointment as registered agent. Tam	јатина жин ина ассері іне обнушновь ој іне рохинов.
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)

Example:

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	PT John D	<u>ve</u>	
X Remove	V Mike J	ones	
X Add	<u>SV</u> <u>Sally S</u>	<u>mith</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) \(\sum_{\text{Change}} \)	PCFO	Anthony Barrier	3812 Calloway Dr.
Add		,	OVI. 47. 3200
Remove 2) Change	<u>P</u> _	Rebecca Adams	8109 Lake eve Dr.
Add			011 17. 30574
Remove Change	CFO	Clayton Bourcier	3512 Calloway D
Add			<u>011, 4.338100</u>
Remove			
4) Change			
Add			
Remove			-
5) Change			
Add Remove			
_			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	N/A
	
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•	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares.
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
	NK
=1.	

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The date of each amendment(s) adoption:		, if other than the
date this document was signed.	- 1 1 2	
Effective date <u>if applicable</u> :	12/18/20	
	(no more than 90 days after amendme	n file date)
Note: If the date inserted in this block does document's effective date on the Department		equirements, this date will not be listed as the
Adoption of Amendment(s) (9	CHECK ONE)	
The amendment(s) was/were adopted by the action was not required.	he incorporators, or board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were adopted by t by the shareholders was/were sufficient for		for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each voti	the shareholders through voting groups. It ing group entitled to vote separately on the	
"The number of votes cast for the ar	mendment(s) was/were sufficient for appro	val
by		÷
	voting group)	
selected, by an ir	resident or other officer – if directors or officer porator – if in the hands of a receiver, lary by that fiduciary)	
And	(Typed or printed name of person signing	<u></u>
	CFO	••
1	(Title of person signing)	