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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: GALA'S PC	OOL SERVICES	, INC.		
DOCUMENT NUMBER: P12000077942					
The enclosed Articles of	f Amendment and fee are sul	bmitted for filing.			
Please return all corresp	ondence concerning this mat	ter to the following:			
;	SONIA DOUSAT				
_		Name of Contact Person	1		
•	GALA'S POOL SI	ERVICES, INC.			
-		Firm/ Company			
	309 SW 31st ST				
-		Address			
ı	CAPE CORAL, F	L 33914			
_	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code	2		
חסו	ISAT@AOL COM	. 1			
<u> </u>		vi ed for future annual report	notification)		
	12-man address. (to be us	ed for future annual report	Hottications		
For further information	concerning this matter, pleas	e call:			
SONIA DOUS	SAT	at (239	, 810-5467		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department 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)		
Amer Divis P.O.	ing Address indiment Section ion of Corporations Box 6327 bassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building		

Tallahassee, Fl. 32301

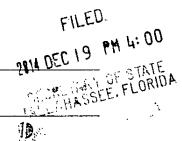
Articles of Amendment Articles of Incorporation

GALA'S POOL SERVICES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P12000077942

(Document Number of Corporation (if known)



nent(s) to

If amending name, enter the new name of th	
Torp.," "Inc.," or Co.," or the designation "C	word "corporation." "company," or "incorporated" or the a 'orp," "Inc," or "Co". A professional corporation name must
ord "chartered," "professional association," or Enter new principal office address, if applic Principal office address MUST BE A STREET A	able: N/A
	· BOX)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	N/A
(Mailing address <u>MAY BE A POST OFFICE</u>	BOX)
(Mailing address <u>MAY BE A POST OFFICE</u>	istered office address in Florida, enter the name of the
(Mailing address MAY BE A POST OFFICE If amending the registered agent and/or reg	istered office address in Florida, enter the name of the
Mailing address MAY BE A POST OFFICE If amending the registered agent and/or reg new registered agent and/or the new register NI/A	istered office address in Florida, enter the name of the
Mailing address MAY BE A POST OFFICE If amending the registered agent and/or reg new registered agent and/or the new register NI/A	istered office address in Florida, enter the name of the red office address:

If amending the Officer's and/or Directors, enter the title and name of each officer/director being removed and title, name	e, 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	<u>PT</u>	John Do	<u>ne</u>	
X Remove	V	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	Т		GABRIEL PICHARDO	309 SW 31st ST
Add				CAPE CORAL, FL 33914
Remove				
2) Change				
Add		_		
Remove				
3) Change				
Add			Company of the compan	
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change				
Add				
D. D				

i. <u>If a</u> Atti	mending or adding additional Articles, enter change(s) here: ach additional sheets, if necessary). (Be specific)
N/A	
 .	
č Ifa	n amendment provides for an exchange, reclassification, or cancellation of issued shares,
pr	ovisions for implementing the amendment if not contained in the amendment itself:
N/A	(if not applicable, indicate N/A)

The date of each amendmen date this document was signed	t(s) adoption: 12/16/2014	, if other than the
· ·	12/16/2014	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	,	
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated_12/	16/2014 Lausat	
s	By a director, president or other officer — if directors or officers have not been elected, by an incorporator — if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	SONIA DOUSAT	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	