## P13000001776

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SECRETARY OF STATE TALLAHASSEE, FLORID,



## COVER LETTER

FO: Amendment Section Division of Corporations
NAME OF CORPORATION: POOL MD Inc
DOCUMENT NUMBER: 13000001776
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Duniel Busto
Pool HD Inc
Firm/ Company
420 Cogan Bluds
Na Na Star Fl 31/1/9
Maples, FC 34119 City! State and Zip Code
poolmd chotmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Duniel Busto al 739, 404-6066
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 Certificate of Status Certified Copy (Additional copy is enclosed)  S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section  Street Address Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment

Articles of Incorporation

And MA Tra
(Name of Corporation as currently filed with the Florida Dept. of State)
13000001776
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BY A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent
(Fiorida street address)
New Registered Office Address: , Florida (Zip Code)
()
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the abligations of the position of the pos
Signature of New Registered Agent, if changing  Signature of New Registered Agent, if changing  ARTIARY OF START CORRESPONDENCE OF START CORRESPONDENC

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: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	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	Alejandro J. Cube	is 5270 20th PLSU
X Add		,	Naples, FC 341
Remove			
2) Change	<del></del>	_	
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Ar Attach udditional sheets, if necessary)	(Ra manifie)
Mach <i>uddilional sheets, if necessary)</i>	(ве грестис)
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f an amandment provides for an ev	change, reclassification, or cancellation of issued shares,
i an amenument provides for an ex-	
provisions for implementing the am	endment if not contained in the amendment itself:
provisions for implementing the am  (if not applicable, indicate N/A)	nendment if not contained in the amendment itself:
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The date of each amendment(s) ad-	option: 3/6/13
Effective date if applicable:	3/6/13
	(no more than 90/days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes east for the amendment(s) fficient for approval.
☐ The amendment(s) was/were appromust be separately provided for a	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adopted action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adoption was not required.	pted by the incorporators without shareholder action and shareholder
Dated	3/6/2013
Signature	M
selected	irector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	Mayensy Cubas (Typed or printed name of person signing)
_	Vice President
	(Title of person signing)