P13000089125

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CORAL BLUE PO	OOLS INC		
	BER: P13000089125			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	FARAH HERRERA			
		Name of Contact Person	n .	
	CORAL BLUE POOLS INC			
		Firm/ Company		
	18250 SW 147TH AVENUE			
	Address			
	MIAMI, FL 33187			
		City/ State and Zip Cod	e	
	F-mail address: (to be us	sed for future annual report	notification)	
	is-man address. (to be u	sed for future armuar report	·	
For further information	on concerning this matter, pleas	se call:		
FARAH HERRERA		at (_305	969-2802	
Name of Contact Person Area Code & Daytime Telephone N				
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)	
Mailing Address			Address	
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building			•	
Tallahassee, Fl. 32314 Cfffon Building Cannon Building Cfffon Building Cfffon Building				
		Tallaha	assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

CORAL BLUE POOLS INC

CORAL BLUE POOLS INC				
(Name of Corporation as cur	rently filed with the F	orida Dept. of State)		
P13000089125				
(Document Num	ber of Corporation (if k	nown)		
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	, this <i>Florida Profit Con</i>	porution adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation	<u>n:</u>			
name must be distinguishable and contain the word "corpo" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." word "chartered," "professional association," or the abbreviat	or "Co". A profession	The new or "incorporated" or the abbreviation name must contain the		
B. Enter new principal office address, if applicable:	N/A			
(Principal office address MUST BE A STREET ADDRESS)	-	201		
		2019 AUG		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	27 P		
		205 G		
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ado	address in Florida, end			
Name of New Registered Agent FARAH HERRERA				
18250 SW 147TH AV	VENUE	-		
(Florid	da street address)			
New Registered Office Address: MIAMI		, Florida		
	(City)	(Zip Code)		

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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: XChange	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DIR	GUILLERMO HERRERA	18250 SW 147TH AVENUE
Add			MIAMI, FL 33187
X Remove			
2) Change	-		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amending or ad</u> (Attach <i>additional s</i>	heets, if necessary).	(Be specific)	7		
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If an amendment p	<u>rovides for an exch</u> dementing the amer	ange, reclassification indment if not contain	n, or cancellation of	of issued shares,	
(if not applicat	ble, indicate N/A)	nament ii not contai	ned in the amendi	nent itsett:	
00% SHARES OF ST	OCK - SOLELY FA	ARAH HERRERA			
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	AUGUST 14, 2019	
The date of each amendment(s)	adoption:	, if other than th
date this document was signed.	HCHCT 11 2010	
Effective date <u>if applicable</u> :	UGUST 14, 2019	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this da Department of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.	;)
	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholde	r
The amendment(s) was/were a action was not required.	idopted by the incorporators without shareholder action and shareholder	
AUGUS	T 14, 2019	
Dated		
a :	Varal Henrens	
Signature	a director, president or other officer – if directors or officers have not been	
	eted, by an incorporator - if in the hands of a receiver, trustee, or other cour	t
	sinted fiduciary by that fiduciary)	
	FARAH HERRERA	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	