

P13 0000 96263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

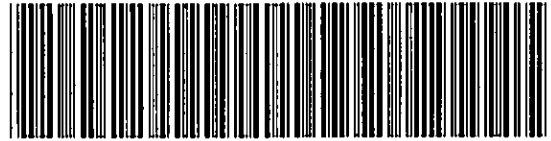
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/11/20--01014--008 \*\*35.00



FILED

2020 DEC 11 P 2:49

CLERK OF STATE  
TALLAHASSEE, FLORIDA

N/C

1/5/2021

DC

Amendment Section  
Division of Corporations  
2415 N. Monroe Street, Suite 810  
Tallahassee, Florida 32303

12/9/2020

Dear Ms. Moore,

Thank you so much for your help today on the phone with me. We decided to overnight this change of business name form to you instead of the 11 total hour drive up from Sarasota.

Along with the form I included my last e-filed annual report and a \$35 money order for the change of name fee.

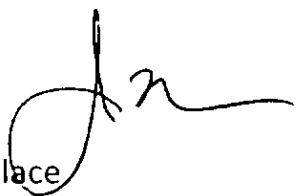
You calmed e down tremendously.

Once again I thank you so very much!

Sincerely,

Joseph Mascis

7113 Antigua Place  
Sarasota FL 34231



Ph. 941-313-5367

P.S. NOT SURE when I will get  
the new paperwork back but let me  
know so I can make an  
Appointment at the Bank.

THANKS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Jam Orthopaedic solutions, Inc

**DOCUMENT NUMBER:** P13000096264

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joe Mascis

Name of Contact Person

Firm/ Company

7113 Antigua Place

Address

Sarasota, FL 34231

City/ State and Zip Code

joemascis@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joe Mascis

at ( 941 ) 313-5367

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

☐ \$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**

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

Jam orthopaedic solutions, inc.

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

P13000096263

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

All Star Pools of the Suncoast, Inc

*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 BE 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 \_\_\_\_\_

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (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 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) (c), F.S.

|    |                                 |                          |                          |                          |
|----|---------------------------------|--------------------------|--------------------------|--------------------------|
| 1) | <input type="checkbox"/> Change | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|    | <input type="checkbox"/> Add    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|    | <input type="checkbox"/> Remove | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) | <input type="checkbox"/> Change | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|    | <input type="checkbox"/> Add    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|    | <input type="checkbox"/> Remove | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) | <input type="checkbox"/> Change | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|    | <input type="checkbox"/> Add    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|    | <input type="checkbox"/> Remove | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) | <input type="checkbox"/> Change | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| 5) | <input type="checkbox"/> Change | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|    | <input type="checkbox"/> Add    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| 6) | <input type="checkbox"/> Change | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|    | <input type="checkbox"/> Add    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|    | <input type="checkbox"/> Remove | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**E. If amending or adding additional Articles, enter change(s) here:**

(Attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s) (CHECK ONE)**

☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

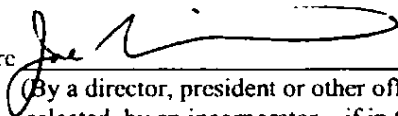
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

12/08/2020  
Dated \_\_\_\_\_

Signature



(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Joe Mascis

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)