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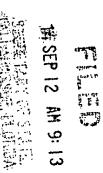
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C. CARROTTE JRO

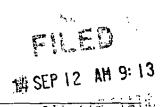
COVER LETTER

TO: Amendment Section

Division of Corporations			
OCUMENT NUMBER: P14000006088			
ne enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Tommie G. Peebles			
Pool Technicians Inc.			
Firm/ Company 15148 W: 10w Ln.			
TAUAres FL 32778			
Poal tech pro De mail _ com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Contact Person at (352) 418-7567 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) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)			
Mailing Address Street Address			
Amendment Section Amendment Section			
	Division of Corporations		
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



(Name of Corporation as currently filed with the Flor	ida Dept. of State)
Pool Technicians I	n C. Tallian E. L.
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Pool Tech The Cle	ar Choice Inc. The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
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)	N/A
	,
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
A1/a	_
Name of New Registered Agent (9/14)	
(Florida stree	t addressi
	·
New Registered Office Address: (City)	Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
	N/A
Signature of New Registered Ac	nent 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: X Change	<u>PT</u> John I	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u> N/A	<u>Name</u>	<u>Addres</u> s
Change Add Remove	<u> </u>		
2) Change	N/A		
Add Remove 3) Change	NA		
Add Remove	, J		
4) Change			
Remove 5) Change	NA		
Add Remove			
6) Change	NA		
Add Remove			

ttach additional sheets, if necessary)	rticles, enter chans). (Be specific)	į	N/A	
			<u> </u>	
	-			
-				
			•••	*****
-				
				-m-v
an amendment provides for an ex	change reclassific	ation or cancel	ation of issued sh	iares.
rovisions for implementing the an	nendment if not co	ntained in the a	mendment itself:	
(if not applicable, indicate N/A)		1		
	ν,	A		
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

The date of each amendment(s) adoption	:1-8-19	, if other than the
date this document was signed.	•	
Effective date if applicable:	ASAP	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.	
	by the shareholders through voting groups. The following statement of the group entitled to vote separately on the amendment(s):	
	amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	•
action was not required.	the board of directors without shareholder action and shareholder the incorporators without shareholder action and shareholder	
action was not required.		
Dated 9-8-	2014	
Signature	1V TI	
(By a director, selected, by an	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court ciary by that fiduciary)	
	Tommie Peebles	
	(Typed or printed name of person signing)	
	Pres.	
	(Title of person signing)	-