P14000014570

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And 12/14

COVER LETTER

TO: Amendment Section Division of Corporations

	RATION: THREE SA		MODELING, INC.		
DOCUMENT NUMI	BER: P1400001457	' 0			
The enclosed Articles	of Amendment and fee are su	abmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	ELIWAR DECARVALHO				
	Name of Contact Person				
	E.R.C. CONSULTING, INC.				
		Firm/ Company			
	552 S DIXIE HWY E				
		Address			
	POMPANO BEA	CH, FL 33060			
		City/ State and Zip Code	e		
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
		at () de & Daytime Telephone Number		
Name o	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r 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 Division of Corporations		Amendment Section Division of Corporations			
	Box 6327		Building		
Talla	hassee, FL 32314	2661 F	xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



THREE SAINTS POOLS REMODELING, INC.

(Name of Comparation as	currently filed with the Floric	la Dant of State)		*/
P14000014570	currently fried with the Floric	ia Dept. of State)		
	nt Number of Corporation (if kno	own)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Flor</i>	ida Profit Corporation	adopts the following	amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
			•	The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co".	. A professional corpo	porated" or the abboration name must co	oreviation ontain the
B. Enter new principal office address, (Principal office address MUST BE A S	<u>if applicable:</u> TREET ADDRESS)			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)				
D. If amending the registered agent an new registered agent and/or the new	nd/or registered office address w registered office address:	in Florida, enter the na	ame of the	
Name of New Registered Agent	RUBENS R SANT	SC		
	611 CYPRESS LAK	(E BLVD, APT	_ J	
	(Florida street a	•		
New Registered Office Address:	POMPANO BEAC	H , Floric	da 33064 (Zip Code)	
	(City)		(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as registered.	hanging Registered Agent: tered agent. I am familiar with Some Sound gnature of New Registered Ager	*	ons of the position.	

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	PT John	Doe			
X Remove	<u>V</u> <u>Mike</u>	V Mike Jones			
X Add	<u>SV Sally</u>	SV Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	VP, D	RODOLFO J DOS SANTOS	12064 MALAGA AVENUE		
Add			NORTH PORT, FL 34287		
Remove					
2) Change	S, D	EDINALDO O SANTOS	12064 MALAGA AVENUE		
Add			NORTH PORT, FL 34287		
Remove					
3) Change	S, D	IVANILDA M SANTOS	611 CYPRESS LAKE BLV		
✓ Add			APT J		
Remove			POMPANO BCH FL 33064		
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

ach additional sheets, if necessary).	. (Be specific)			
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		1 = 1 · · · · · · · · · · · · · · · · ·		
				
n amendment provides for an ex	change, reclassif	ication, or canc	ellation of issu	ed shares.
ovisions for implementing the am (if not applicable, indicate N/A)	<u>aendment if not e</u>	contained in the	amendment it	<u>self:</u>
(у пот аррисавіе, іпаісате тілі)				
		·		
				
	•			
				

The date of each amendment(s) adoption: 12/11/2014	, if other than the
date this document was signed.	
Effective date if applicable: 12/11/2014	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
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):	nt
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	r
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 12/12/14	
Signature MDS Santon (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)	
RUBENS R SANTOS	
(Typed or printed name of person signing)	
PRESIDENT/DIRECTOR	
(Title of person signing)	