# PH000059768

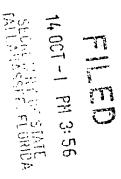
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(1) [M 10-10-14

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: UPSCALE	PAVER & POOL	SERVICES, INC	
DOCUMENT NUMBI	<sub>er:</sub> P1400005976	8		-
	f Amendment and fee are su	bmitted for filing.	,	1400
Please return all corresp	ondence concerning this mat	eter to the following:		14 OCT -1 PH 3: 56
	LUCI	MAR VILARINO	MUSCH	The P
_		Name of Contact Person	n	- 30 w
_		LM TAX SERV	ICES	95.56
_		Firm/ Company		
_	4241 BAYMEADOWS RD, SUITE 4			
_		Address		
•	JACKSONVILLE, FL - 32217			
_		City/ State and Zip Cod	e	_
	LMTAXSER	VICES2013@GI	MAIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
LUCIMAR VIL	ARINO MUSCH	at ( 904	, <b>410-8344</b>	
Name of Contact Person A			de & Daytime Telephone Numb	er
Enclosed is a check for	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)	
Amer Divis P.O. 1	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations a Building Executive Center Circle assee, FL 32301	

### **Articles of Amendment** Articles of Incorporation

#### UPSCALE PAVER & POOL SERVICES, INC.

## (Name of Corporation as currently filed with the Florida Dept. of State) P14000059768

(Document Numbe	er of Corporation (if k	nown)				
Pursuant to the provisions of section 607,1006, Floits Articles of Incorporation:	orida Statutes, this FI	orida Profit Corporation	adopts the fol	lowing a	mendn	nent
A. If amending name, enter the new name of th	e corporation:					
				T	he ne	w
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp, " "Inc," or "Co	o". A professional corpo	porated" or ration name	the abbi must cor	reviatio Itain th	on he
B. Enter new principal office address, if application	able:					
(Principal office address MUST BE A STREET)						
			<del></del>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>( BOX</u> )			<del>7</del> 55	14 00	
		•		37.7	즉	e de la composition della comp
D. If amending the registered agent and/or reg	istered office addres	s in Florida, enter the na	ame of the	183		ï
new registered agent and/or the new registe	red office address:			ALL THE	Ď	-
Name of New Registered Agent				न्त्र (/,	PM 3: 5	₹
			_	25	رب رب	
	(Florida stree	t address)	_	ÖE >	တ	
N. B. 1 1000 444						
New Registered Office Address:	(City)	, Florid	1a(Zip Cod	 de)		
	. ,,		, .	·		
New Registered Agent's Signature, if changing						
I hereby accept the appointment as registered age	ent. – I am familiar wi	h and accept the obligation	ons of the pos	ition.		
			_			
2:						

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: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	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	٧	DARLAN M. PEREIRA	8880 OLD KINGS RD # 40
Add			JACKSONVILLE, FL
Remove			32227
2) Change			
Add			
Remove			TALL SE
3) Change			DE CC
Add			
Remove			
4) Change			PH 3: 56
Add			
Remove			
5) Change			
Add		•	-
Remove			
6) Change			
Add			
Remove			

smending or adding additional Art attach additional sheets, if necessary).	(Be specific)	
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f an amendment provides for an exclusions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	endinent ii not contained iii the timenamene riceri	
		<del></del>

The date of each amendmen		, if other than the
date this document was signed	- 09/25/2014	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	-
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
	re adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.	,
The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	12007
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	g 😤 🔘
	(voting group)	ين ين
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	SE SE
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Dated 09/2	25/2014 1 Bralon (104/03/19	
s	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	-
	DARLAN M. PEREIRA	
	(Typed or printed name of person signing)	-
	VICE-PRESIDENT	
	(Title of person signing)	-