714000060148

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: GABRIEL CLAUSEN POOLS INC P14000060148 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LUIS GABRIEL CLAUSEN Name of Contact Person GABRIEL CLAUSEN POOLS INC Firm/ Company 1710 SW SANTA BARBARA PLACE Address CAPE CORAL, FLORIDA, 33991 City/ State and Zip Code GRBOOKKEEPINGSERVICES@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LUIS GABRIEL CLAUSEN 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 & □\$43.75 Filing Fee & □\$52 50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

, Articles of Amendment to Articles of Incorporation of

GABRIEL CLAUSEN POOLS INC

		
(<u>Name of Corp</u>	oration as currently filed with the Florida Dept. of State)	
P14000060148		A G
(Γ.	Occument Number of Corporation (if known)	7 T
Pursuant to the provisions of section 607,1006, F	florida Statutes, this Florida Profit Corporation adopts the follo	wing amenda
its Articles of Incorporation:		der _{all} f
A. If amending name, enter the new name of the corporation:		
4/10		. " The ne
	e word "corporation," "company," or "incorporated" or the Corp." "Inc," or "Co". A professional corporation name mu or the abbreviation "P.A."	
B. Enter new principal office address, if appli	cable:	
(Principal office address <u>MUST BE A STREET</u>		
		
C. Enter new mailing address, if applicable:	E BOV	
(Mailing address MAY BE A POST OFFIC	<u>E BUX</u>)	
D. If amending the registered agent and/or re	gistered office address in Florida, enter the name of the	
new registered agent and/or the new regist	tered office address:	
Name of New Registered Agent N	\	
Nume of New Registered Pigetti	••	
	(Florida street address)	
New Registered Office Address: VI	🔭, Florida	
	(City)	Zıp Code)
New Registered Agent's Signature, if changing		
I hereby accept the appointment as registered ag	ent. I am familiar with and accept the obligations of the position	on.
·		
	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)	Title	Name	<u>Addres</u> s
1) Change	VP	CARMEN DELIA VELASQUEZ P/	1710 SW SANTA BARBARA PL
X Add			CAPE CORAL, FL, 33991
Remove			
2) Change	T	IGNACIO RAFAEL ALBERNAS	2011 NE 15TH AVE
_ * _ Add			CAPE CORAL, FL, 33909
Remove			
3) Change		<u>.</u>	
Add			
Remove			
.4) Change			
A dd			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
ADD THE NEW PORCENTAGE OF OWNERSHIP FOR EACH OFFICERS:
PRESIDENT = LUIS GABRIEL CLAUSEN 80%
VIDE PRESIDENT = CARMEN DELIA VELASQUEZ PADILLA 10%
TREASURER = IGNACIO RAFAEL ALBERNAS 10%
•
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) N/A

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> : 8/6/15	
(no more than 90 days after amendment file o	late)
Note: If the date inserted in this block does not meet the applicable statutory filing requirend document's effective date on the Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following the separately provided for each voting group entitled to vote separately on the amendation.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action as action was not required.	nd shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shaction was not required.	areholder
Dated8/6/15	
Signature	
(By a director, president or other ficer – if directors or officers has selected, by an incorporator – if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	ave not been or other court
LUIS GABNIEL CLAUSEN	(
(Typed or printed name of person signing)	,
(Typed or printed name of person signing) Resident	

(Title of person signing)