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TALLAHASSEE, FLORIDA

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### · . . . . . COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: GABRIEL CLAU	SEN POOLS INC			
DOCUMENT NUM	P14000046014\$				
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.			
Please return all cor	respondence concerning this ma	tter to the following:			
	LUIS CLAUSEN				
	==	Name of Contact Person	n		
	GABRIEL CLAUSEN POOLS INC				
		Firm/ Company	<del>.</del> .		
	1119 SW 23RD ST	. ,			
	·	Address			
	CAPE CORAL, FLORIDA,	33991			
		City/ State and Zip Cod	e		
GR	BSDOR@GMAIL.COM				
_	E-mail address: (to be us	sed for future annual report	notification)		
r c l l c					
ror further informat	ion concerning this matter, pleas	se call:			
LUIS CLAUSEN		at ( <u>239</u>	770-1870		
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number		
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)		
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

# Articles of Amendment to Articles of Incorporation of

#### GABRIEL CLAUSEN POOLS INC

,	ion as currently	filed with the Flor	da Dept. of State	)
214000060148				
(Docu	ment Number of 0	Corporation (if knov	m)	····································
ursuant to the provisions of section 607,1006, Florid s Articles of Incorporation:	la Statutes, this F	lorida Profit Corpo	ration adopts the f	ollowing amendmen
. If amending name, enter the new name of the c	orporation:			
				The new
ame must be distinguishable and contain the wo. Corp.," "Inc.," or Co.," or the designation "Corp ord "chartered," "professional association," or the	n, " "Inc, " or "C	o". A professional		
3. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET AD</u>				
			•	<del></del>
2. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	2X)			皇工
	<u> </u>		,	722
			•	35.
			<u> </u>	- <del> </del>
D. If amending the registered agent and/or registered new registered agent and/or the new registered		ss in Florida, enter	the name of the	: To
W 2M B				
Name of New Registered Agent				
Name of New Registered Agent				
Name of New Registered Agent	(Florida stree	et address)		
Name of New Registered Agent  New Registered Office Address:	(Florida stree	et address)	, Florida_	

## 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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
<u>X</u> Add	<u>sv</u>	Sally Sr	mith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	T		AUGUSTO F SAAVEDRA	2901 SW SANTA BARBARA PL
Add				CAPE CORAL FL 33914
X Remove				
2) Change	<u> </u>	_		
Add				
Remove				
3 ) Change		_		
Add				<del></del>
Remove				
4) Change				
Add				
Remove				
5) Change		<del></del>		
Add				
Remove				
6) Change		_		
Add				
Remove				

•	If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)
	tuach adamona sneeds, if necessary). (Be specific)
•	
-	
-	
-	· · · · · · · · · · · · · · · · · · ·
-	
-	
_	<del></del>
	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)
_	
-	
-	

The date of each amendment(s) add date this document was signed.	ption:	, if other than the
C		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep.	ock does not meet the applicable statutory filing requirements, this artment of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for the amendmenticient for approval.	nt(s)
	oved by the shareholders through voting groups. The following state ach voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	··	
	(voting group)	
The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shareho	lder
action was not required.  01/18/2018  Dated  Signature *	ted by the incorporators without shareholder action and shareholder	
selected,	ector, provident or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other conditional distribution by that fiduciary)	m ourt
i.	UIS CLAUSEN	
~	(Typed or printed name of person signing)	
P	RESIDENT	
_	(Title of person signing)	