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COVER LETTER

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person D.Signia Pools The SKY Ridge Circle 2+4 FL 33525 City/ State and Zip Code E-mail address: (to be used for future annual peport notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □S43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment

to

Articles of Incorporation

Usicinia Pools Inc.

Linsigni	ia rools	I Luc.	<u> </u>	
(Name of Corporati	ion as currently fil	led with the Florida	Dept. of State)	
P 140	0000 93 99	8		
(Docur	ment Number of Co	orporation (if known)		
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	la Statutes, this <i>Flo</i> e	rida Profit Corporatio	on adopts the follo	wing amendme
A. If amending name, enter the new name of the co	orporation:			
	<u> </u>			The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o, " "Inc," or "Co"	". A professional con	corporated" or the corporation name m	e abbreviation ust contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD				<u> </u>
			<u>-</u> -	<u></u>
	_			<u> </u>
o no management of the trade.				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OX)			ਹ
•		· -		F: -
	_			 .
	-	, , , , , , , , , , , , , , , , , , , 		
D. If amending the registered agent and/or registe	red office address	in Florida, enter the	name of the	-
new registered agent and/or the new registered	office address:			
Name of New Registered Agent	 .			
	(Florida street a	iddress)		
New Registered Office Address:			, Florida	
New Registered Office radiress.	(Cit	v)		Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		and accept the obliga	itions of the positio	an
i nerelly accept the appointment as registered agent.	rum jummur min	and accept the owngo	inons by the position	····
	· <u>· · · · · · · · · · · · · · · · · · </u>	- 		
Sign	nature of New Regis	stered Agent, if change	ing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, nam 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 = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each 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. T. 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 Ci Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John 1		
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)	Title	<u>Name</u>	Address
1) Change Add	Vice Presiden	+ Roderick Kight	37824 SKY Ridg Dade City, F
Remove			
2) Change	CEO	Janute Madigar	Dade City, FL 3
Remove 3) Change Add			
Remove 4) Change			
Add			
5) Change Add			
Remove 6) Change			
Add			

vuaun <i>aaaim</i> o	onal sheets, if necessary	e). (Be specific)				
						
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<u> </u>						
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			····	<u> </u>		
f an amendn	nent provides for an ex	change, reclassifi	cation, or cancella	ation of issued sl	nares,	
provisions fo	or implementing the ar	nendment if not c	ontained in the ar	nendment itself:		
(ij not ap	oplicable, indicate N/A)					
				·		
						····
					··	

The date of each amendment(s) adoption:	, if other th
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed
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):	
"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 and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature	
(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)	
Patrick M. Madigan	
(Typed or printed name of person signing)	
Presi Dent	
(Title of person signing)	

th