P15000002833

(Re	equestor's Name)	
(Ad	ldress)	
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JUL 3 0 2014

C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	THE ATLANTIC	POOL CORP	
DOCUMENT NUMBER			
	Amendment and fee are su	bmitted for filing.	
Please return all correspon	ndence concerning this ma	tter to the following:	
LU	IIS JACOBO		
JA	COBO & ASSOCIATES	Name of Contact Perso	n
		Firm/ Company	
62	20 W 21 CT	. ,	
		Address	
HI	ALEAH, FL 33016		
		City/ State and Zip Cod	e
INFO@J	ACOBOTAX,COM		· ; · · · · · · · · · · · · · · · · · ·
	E-mail address: (to be us	sed for future annual report	notification) · · ·
For further information co	ncerning this matter, pleas	se call:	
LUIS JACOBO		. at (de & Daytime Telephone Number
Name of C	ontact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for th	e 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)
Amendi Division · P.O. Bo	e Address nent Section n of Corporations x 6327	Amenc Divisio Clifton 2661 L	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

f .

Articles of Amendment to Articles of Incorporation

of THE ATLANTIC POOL CORP. (Name of Corporation as currently filed with the Florida Dept. of State) P15000002833 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: OLYMPUS EVENTS CORP. name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: JACOBO & ASSOCIATES INC Name of New Registered Agent 6220 W 21CT (Florida street address) Florida 33016 HIALEAH New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. am familiar with and d bbligations of the position

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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>enes</u>	
X Add	<u>sv</u>	Sally Si	nith	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	VP		EUGENIO PERALTA	575 W 69 ST
X Add				APT 104
Remove				HIALEAH, FL 33016
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove		•		
4) Change				
Add				
Remove				
5) Change		date 1986		
Add				
Remove				
6) Change	,			
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
			 	
				w
				•
20 H - dr 1 8 4 - 10 1				
				-
				
f an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or adment if not contained	r cancellation of issue in the amendment its	<u>d shares,</u> elf:	
(y nor appreciate, marcine 1971)				
*				
	**************************************			·

	07/23/2015	
The date of each amendment(s) adoption: date this document was signed.		_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Department	s not meet the applicable statutory filing requirements, this date will of State's records.	not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by t by the shareholders was/were sufficient for	he shareholders. The number of votes cast for the amendment(s) or approval.	
	the shareholders through voting groups. The following statement ing group entitled to vote separately on the amendment(s):	
	nendment(s) was/were sufficient for approval	
by	voting group)	
((voting group)	
The amendment(s) was/were adopted by t action was not required.	he board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by t action was not required.	he incorporators without shareholder action and shareholder	
07/23/2015 Dated	^	
Signature Laulo	- Quirones fong	
(By a director, pi selected, by an ii	resident or other officer – if directors or officers have not been neorporator – if in the hands of a receiver, trustee, or other court ary by that fiduciary)	_
CARLO	s quinones fong	
**************************************	(Typed or printed name of person signing)	
PRESID	ENT	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·