P1500050543

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(Ad	dress)		
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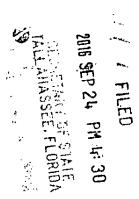
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COVER LETTER

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Division of Corporations NAME OF CORPORATION: WORLD UNDE POOLS OF FLORIDA CORPORATION PIS0000 50 543 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Dagoberro Cubral Worldwide Pools of Floyda Conforation 7170 SW 47 4 Street. Migni, FL 33/55 City/ State and Zip Code In fo @ worldwide pools. Conf E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee **□\$43.75** Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

TO: Amendment Section

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

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to

Articles	of	Incorporation
		of

•	of	FILED
worldwide fo	ols of Plorida Co	1 POIGH 86 24 PM 4: 30
(<u>Name of C</u>	orporation as currently filed with the Florids	A Diept. of State) SECHELARY OF STATE
	P15000050543	TALLAMA SSEE FLORIDA
•	(Document Number of Corporation (if known)	The state of the s
ursuant to the provisions of section 607.1006 s Articles of Incorporation:	6, Florida Statutes, this <i>Florida Profit Corporal</i>	lon adopts the following amendment(s)
. If amending name, enter the new name	of the corporation:	
		The new
	the word "corporation," "company," or "in "Corp," "Inc," or "Co". A professional co," or the abbreviation "P.A."	
 Enter new principal office address, if a principal office address <u>MUST BE A STRE</u> 		
Enter new mailing address, if applicab		
(Mailing address <u>MAY BE A POST OF I</u>	<u></u>	
If amending the registered agent and/o	r registered office address in Florida, enter th	ne name of the
new registered agent and/or the new re		to name of the
Name of New Registered Agent		

	(Florida street address)	·
New Registered Office Address:		, Florida
	(City)	(Zip Code)
. B. (4. 14. 4. 6)	. B. (4) 144	
lew Registered Agent's Signature, if chan hereby accept the appointment as registered	ging Registered Agent: d agent. I am familiar with and accept the oblig	gations of the position.
	•	
	Signature of New Projectured Agent if show	nging
	Signature of New Registered Agent, if chan	Ruik

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	PT Johr	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sall	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	MELANIE CABRAL	7170 SW 47 4 St MIAMI, PL 33155
_ X _Add			MIAMI, PL 33155
Remove			***************************************
2) Change			
Add			<u> </u>
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	***************************************		
Add			
Remove			

(Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendme ate this document was signed	:d.	, ,	2015		
Effective date <u>if applicable</u>	: <u> </u>				
		(no more than 90 d	lays after amendmen	t file date)	
ote: If the date inserted in ocument's effective date or			le statutory filing re	quirements, this date wil	l not be listed as th
doption of Amendment(s	(<u>CHI</u>	ECK ONE)			
The amendment(s) was/w by the shareholders was/			imber of votes cast for	or the amendment(s)	
The amendment(s) was/w must be separately provi					
"The number of vot	es cast for the amend	dment(s) was/were s	ufficient for approva	1	
by		ing group)		" ~	
	(voti	ing group)			
The amendment(s) was/w action was not required.	ere adopted by the b	oard of directors with	thout shareholder ac	tion and shareholder	
The amendment(s) was/w action was not required.	ere adopted by the in	ncorporators withou	t shareholder action	and shareholder	
Dated	Sept. 1:	7, 2015	>		
Signature		1		_	
_	(By a director, president	dent or other officer	if directors or office	cers have not been	
	selected, by an incor appointed fiduciary	rporator - if in the haby that fiduciary)	ands of a receiver, tr	ustee, or other court	
		Dagober + Typed or printed nan	o Cobril		
		Typed or printed nam	ne of person signing))	
		Dresident			
		(Title of r	erson signing)		