P15000076945

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	IATION: LOREQUEN SPAR	RKING POOL AND SPA. (CORP
DOCUMENT NUMB			
	of Amendment and fee are so	ibmitted for filing.	
Please return all corres	pondence concerning this ma	ster to the following:	
	ANALVIK LOREZO QUIN	TEROS	
		Name of Contact Persor	1
		Firm/ Company	
	8415 NW 32 CT		
	-	Address	
	MIAMI		
		City/ State and Zip Code	:
F1, 33	147		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
ANALVIK LORENZO) QUINTEROS	at (305	6070049
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
■ \$35 Fiting Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address indment Section sion of Corporations Box 6327 shassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

LORENKING SPARKING POOL AND SPA,CORP

(Name of Corporation as	currently filed with the Florida Dept. of State)		
P15000076945			
(Document N	umber of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statuits Articles of Incorporation:	ates, this Florida Profit Corporation adopts the follow	ing amendmen	n(s) to
A. If amending name, enter the new name of the corpora	ntion:		
		The new	
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp." "In word "chartered," "professional association," or the abbre	c, 'or "Co". A professional corporation name mus	abbreviation	
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u>Y</u>)		
			
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)			
	· · · · · · · · · · · · · · · · · · ·		
		 .	•
D. If amending the registered agent and/or registered off			· · · -,
new registered agent and/or the new registered office	address:	ا لماء	
Name of New Registered Agent		16.	
		ι <u>ρ</u> .	
· · · · · · · · · · · · · · · · · · ·	lorida street addressj	0	
New Registered Office Address:	. Florida		:
	(City) (Zi _l	· Coder	
	(City) (Zi _i	· Codes	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for		•	
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	$\underline{\mathbf{V}}$	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	LETICIA RODRIGUEZ ALFONSO	8815 NW 32ND CT
XAdd			MIAMI FL 33147
Remove			
21 Change			
Add			
Remove			
3.) Change			
Add			
Remove			
4) Change			***************************************
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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f an amendment provi	ides for an exchai	nge reclassifica	tion or cancella	tion of issued sh	ares	
provisions for implem	enting the amend	iment if not con	tained in the an	endment itself:	41 (3)	
(if not applicable, i	indicate N/A)					

7/03/2017	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
07/03/2017	
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 n document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes east 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.	
7/03/2017 Dated	
Simular Park 2	
Signature	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
appointed translating by that indictary)	
ANALVIK LORENZO QUINTEROS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	