(Re	equestor's Name)	
(Ac	idress)	
· (Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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JAN 08 2016

R. White

COVER LETTER

TO: Amendment Section

Division of Corporations
IAME OF CORPORATION: Dupuy Pool Services Inc,
OCUMENT NUMBER: P15 0000 8 77 7 8
the enclosed Articles of Amendment and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
Name of Contact Person Dupuy fool Services, Inc Firm/ Company Aug # 202 Address Cutler Bay H 33189 City/ State and Zip Code dupuy pouls & Yahoo. Com E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Samina Quesada at (786) 427-9344 Name of Contact Person Area Code & Daytime Telephone Number Inclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED
16 JAN -4 AM 8: 48

Minimi Part	brices. In	·C	SECTION AM 8: 48
(Name of Co	orporation as currently file	ed with the Florida Dept	. of State MASSIE FISTATE
_		(- OGEL FLURIDA
	(Document Number of Cor	rporation (if known)	
Promovent to the manyigions of coetien 607 1006	6 Florido Statutas this Flor	rida Bradit Carrantrial	Norte the following amendment(s)
Pursuant to the provisions of section 607.1000 its Articles of Incorporation:	5, Piorida Statutes, tins Piori	iaa Projii Corporation as	opts the following amendment(s) t
A. If amending name, enter the new name	of the corporation:		
		\	The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	n "Corp," "Inc," or "Co".	. A professional corpora	orated" or the abbreviation ition name must contain the
B. <u>Enter new principal office address, if ap</u> (Principal office address <u>MUST BE A STRE</u>			
C. Enter new mailing address, if applicabl		1/1	
(Mailing address MAY BE A POST OFF		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
D. If amending the registered agent and/or new registered agent and/or the new re-		in Florida, enter the nan	ne of the
Name of New Registered Agent			
		, / /	
	(Florida street a	ddress)	\
Now Paristoned Office Address			\ , Florida
New Registered Office Address:	(City	9	(Zip Code)
New Registered Agent's Signature, if chang	ging Registered Agent:		
I hereby accept the appointment as registered	l agent. I am familiar with	and accept the obligation:	s of the position.

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 Do	<u>oe</u>	·	·
X Remove	<u>v</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change	VP	_	Tamira	Ovesada	20930 SW 87+11A1
Add					APT 202
Remove					autler, Bay 91 33189
2) Change		_			
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change					
Add					
Remove					
6) Change	-	_			
Add					
Remove					

f amending or adding additional Attach additional sheets, if necessar	ry). (Be specific)
Trace de la constant	()). (25 opens)
\	
	+ X
,	/ V)
/	
\	
f an amendment provides for an	exchange, reclassification, or cancellation of issued shares,
if not applicable, indicate N/2	amendment if not contained in the amendment itself:
(y nor approvate, marcure :	-,
	_////
	\
- ,	

The date of each amendment(s) adaption: 12/20/2015 , 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 does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	d as the
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 December 20th, 2015	
Signature (By a director, president or other officer – if directors or officers have not been	
(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)	
holy Morales	
(Typed or printed name of person signing)	
Diesident	
(Title of person signing)	