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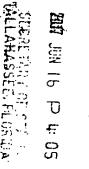
(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SPARKLING PRI	ESSURE & POOL CLEAN	ING, INC.		
DOCUMENT NUMB	BER:				
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	MARIELA S RAMIREZ				
	Name of Contact Person				
SPARKLING PRESSURE & POOL CLEANING, INC.					
	Firm Company				
	4250 32ND AVE SW				
		Address			
	NAPLES, FL 34116				
		City/ State and Zip Cod	<u> </u>		
	n concerning this matter, pleas				
MARIELA S RAMIREZ		at (919-9079		
Name c	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
S35 Filling 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314		Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SPARKLING PRESSURE & POOL CLEANING, INC.	
(Name of Corporation as currently t	iled with the Florida Dept. of State)
P15000097375	
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>FI</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	"company," or "incorporated" or the abbreviation "A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</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 office address new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street	address)
New Registered Office Address:	Florida
	nyi (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with a Signature of New Registered agent.	h and accept the obligations of the SSEE FLAS

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: <u>X</u> Change	<u>PT</u>	<u>John Doe</u>			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s	
1) X Change	V	LUIS ARRIHARAN		4250 32ND AVE SW	
Add				NAPLES, FL 34116	
Remove					
2) Change					
Add					
Remove					
3.) Change					
Add					
Remove					
4) Change					
Add				-	
Remove					
51 Change		_			
Add					
Remove					
6) Change					
Add					
Remove					

Attach ada	ig or adding additional litional sheets, if necesso	iryi – (Be specific)			
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If an amer	ndment provides for an	exchange, reclassif	ication, or cancella	tion of issued share:	<u>s.</u>
provision (it no	s for implementing the applicable, indicate N	amendment if not	contained in the am	endment itseit:	
A	7	.,,			
1					
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	if other than the
date this document was signed.	
Effective date <u>if applicable</u> : 6/13/2017	
(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 no document's effective date on the Department of State's records.	t be listed 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 $\frac{6/3/2017}{44.5100}$	
Signature MAULICO > YY	
(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)	
MARIELA S RAMIREZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	