

(Re	equestor's Name)	, , ,
(Ad	Idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300299412493

05/23/17--01019--002 **35.00

MAY 30 2017

R. Will

COVER LETTER

Division of Corporations DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Address E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy 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

to Articles of Incorporation—	
of Of	
Sparkling tressure a to	sol Cleaving the
Name of Corporation as currently filed with the	Florida Dept. of State)
P15000091315	
(Document Number of Corporation (il	(known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida Profit</i> 6 its Articles of Incorporation:	Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "company, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A profess 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)	3
D. If amending the registered agent and/or registered office address in Florida, new registered agent and/or the new registered office address:	enter the name of the
Name of New Registered Agent	
(Florida street address)	
Name Remains and Office Addresses	, Florida
New Registered Office Address: VI (City)	Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept to Signature of New Registered Agent.	

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	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1)Change	NP	Elizabeth Borilla Ga	arrelo 3325 Arpat Rd
Add			Unit # 67
X Remove			Naples FL 34105
2) Change Add	VP	Luis Arriharan	5098 28th Ave Sui Noples FL 34116
Remove			
3) Change			
Add			
Remove			
4) Change	·		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additional sh</i>	ng additional Articles, er vets, if necessary).— tBe s _i	pecific)		
		\cap	12	
			·	
-				
			 	
	· • • • • • • • • • • • • • • • • • • •			
				•
·-				
-		<u></u>		
				
				· · · · · ·
	·		-	
lf an amendment p	ovides for an exchange, r	e <u>classification, or c</u>	incellation of issued	shares,
provisions for imp	ementing the amendment	if not contained in	the amendment itse	<u>lf:</u>
(if not applicat	e, indicate N/A)	۸		
		n		
 		1/109		
				,
<u> </u>				
			•	
	<u></u>			
	· 	<u> </u>		<u> </u>
				
				

The date of each amendment(s) adoption: HQ18,
date this document was signed.
Effective date if applicable: 18, 2017 (in more than 90 days after amendment file date)
ting none than 19 days after amenament file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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.
Dated5-18-2017
Dated
(By a director, president or other difficer – 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)
Marielas Ramirez
(Typed or printed name of person signing)
tresident.
(Title of person signing)