P16000016995

(Re	questor's Name)	
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(City	y/State/Zip/Phone	#)
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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Sect Division of Corpo			
NAME OF CORPO	RATION: NEW E	ea Pools, 1	<u>AC</u>
DOCUMENT NUMI	BER: + 16()	00016995	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre-	spondence concerning this ma	tter to the following:	
	Ecnes	it Feacher)
	N/RW 2	Name of Contact Person FLA POOLS	Inc
	4331 1	Firm/ Company /	eet
	<u>laudez</u>	hill FL	33313
	Permail address: (to be us	City/ State and Zip Code OOS A f a Code sed for future annual report	gmail. COM
For further informatio	n concerning this matter, pleas	se call:	
Yammi	Feacher	at (954	361-9639
Name (of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing 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)
	ling Address		Address
	endment Section		ment Section
	sion of Corporations		n of Corporations
	Box 6327		entre of Tallahassee
Tallahassee, FL 32314		2415 N	V. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to
Articles of Incorporation
of

NEW ERA POOLS IN	C
(Name of Corporation as current)	y filed with the Florida Dept. of State)
	P16000016995
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this a its Articles of Incorporation:	Florida Profit 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," "c "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A." 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 MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office additional address and the second	
new registered agent and/or the new registered office address	
Name of New Registered Agent	N/A
	(
(Florida str	eet address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar was signature of New Registered of New Registered Agent.	
Check if applicable	
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One) 1)	Title	Tammi Feacher (Treasurer)	Address 221 SE 3rd Ave 18 Boynton Beach, Fe
Remove 2) Change Add	5	Yamni Feacher (Secretary)	33435 121 SE 3Rd Ave 11 Boynton Beach, Fo
Remove 3) Change			33435
Add Remove 4) Change Add			
Remove Change Add			
Remove 6) Change Add Remove			

ach additional sheets, if nec	onal Articles, enter essary). (Be speci	fic)		
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n amendment provides for	an exchange, recla	assification, or can	cellation of issue	ed shares,
ovisions for implementing (if not applicable, indicate	the amendment if i	not contained in th	e amendment it	self:
(y not appricable, macare	NA)			
		1		•
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The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if applicable: 1/0/0/	
(no more than 90 day	s after amendment file date)
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board action was not required.	of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The numby the shareholders was/were sufficient for approval.	aber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote s	
"The number of votes cast for the amendment(s) was/were suf	ficient for approval
by(voting group)	
(voting group)	
Dated 9·6·22	-
Signature Expush Riose La	
(By a director, president or other officer -	f directors or officers have not been
selected, by an incorporator - if in the han	ds of a receiver, trustee, or other court
appointed fiduciary by that fiduciary)	
Ernest J. Fee	cher
(Typed or printed name	of person signing)
President	
(Title of person signing)	