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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: CRUZ POOL SER	VICES, INC.	
	BER: P16000056243		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	ARTUR JORGE CRUZ		
		Name of Contact Persor	1
	CRUZ POOL SERVICES IN		
	<del></del>	Firm/ Company	
	169 SW SEA LION RD	, .	
		Address	
	PORT SAINT LUCIE / FLOI	RIDA / 34953	
		City/ State and Zip Code	
	usavanessaeruz@gmail.com		
		ed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:at ( 973	418 0807
Name	of Contact Person		de & Daytime Telephone Number
	or the following amount made		•
S35 Filing Fee	☐S43.75 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

## Articles of Amendment to Articles of Incorporation of

CDITZ DOOL SUDVICES INC.

(Name of Composition or on	numely filed with the Cleat	do Dont of State)	
(Name of Corporation as cur P16000056243	rrendy med with the Florid	na Dept. of State)	
(Document Nun	nber of Corporation (if know	n)	
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this <i>Florida Profit Corpor</i>	ation adopts the following an	nendment(s) to
A. If amending name, enter the new name of the corporation	on:		_
CRUZ SERVICES IMPROVEMENTS INC.		<u>.</u>	23 € <del></del> (c)(
name must be distinguishable and contain the word "corporatio". Inc.," or Co.," or the designation "Corp," "Inc.," or "Co" chartered," "professional association," or the abbreviation."	o". A professional corpor		
B. Enter new principal office address, if applicable:	N/A		<b>3</b>
(Principal office address <u>MUST BE A STREET ADDRESS</u> )			<del>f.</del>
		E5.73	F
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		<del></del>
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad  Name of New Registered Agent  N/A		the name of the	
(Flor	ida street address)		
New Registered Office Address: N/A		, Florida	
	(City)	(Zip Code	,
New Registered Agent's Signature, if changing Registered A thereby accept the appointment as registered agent. I am fam	Agent: ulliar with and accept the obl	igations of the position.	
Signature of N	New Registered Agent, if cha	nging	
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120			

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)

Example:

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 Doe	
X Remove	$\underline{Y}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		N/A	
Add			
Remove			
2) Change			<del></del>
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			· · · · · · · · · · · · · · · · · · ·
Remove			

4		if necessary). (	(Be specific)			
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			<del></del>		<del> </del>	
<u>lf an am</u>	endment provid	es for an exchan	ige, reclassificat	ion, or cancellat	ion of issued share endment itself:	<u>es,</u>
provisic	o <mark>ns for implem</mark> e iot applicable, in	ating the amend	ment if not con	tained in the am	endment itself:	
Α	по предостите, по	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
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· • • • • • • • • • • • • • • • • • • •	, if other than
date this document was signed.	
Effective date <u>if applicable</u> :	
(no )	more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this block does not med document's effective date on the Department of State's	et the applicable statutory filing requirements, this date will not be listed as 's records.
Adoption of Amendment(s) (CHECK	<u>ONE</u> )
The amendment(s) was/were adopted by the incorpaction was not required.	porators, or board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareh by the shareholders was/were sufficient for approx	holders. The number of votes cast for the amendment(s) val.
The amendment(s) was/were approved by the share must be separately provided for each voting group	eholders through voting groups. The following statement of entitled to vote separately on the amendments):
"The number of votes cast for the amendmen	nt(s) was/were sufficient for approval
by	
by	οιφ)
	tor – if in the hands of a receiver, trustee, or other court
VANE	ISSA CRUZ
(Typed	or printed name of person signing)
Di	RECTOR
(Title c	of person signing)