## P16000081357

| (Address)                               | 5003                                  |
|---|---------------------------------------|
| (City/State/Zip/Phone #)                |                                       |
| (Business Entity Name)                  | 06/29                                 |
| (Document Number)                       |                                       |
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| Special Instructions to Filing Officer: |                                       |
| Exictaglion.                            |                                       |
| Exictaglicn.<br>Ainh All corrections    | (4                                    |
| 7/24/21                                 | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION: Taglioni Professional Services ( CCP)   |
|--|
| OCUMENT NUMBER:  |
| The enclosed Articles of Amendment and fee are submitted for filing.   |
| lease return all correspondence concerning this matter to the following:   |
| Eric Candido Taglioni  |
| Name of Contact Person   |
| Taglioni Professional Services, CORP   |
| Firm/ Company  |
| 8570 NW 3rd Lane, unit 1   |
| Address  |
| Miami, Florida, 33126  |
| City/ State and Zip Code   |
| infovipools@gmail.com  |
| E-mail address: (to be used for future annual report notification)   |
| or further information concerning this matter, please call:  |
| Name of Contact Person at (713 4472422  Name of Contact Person Area Code & Daytime Telephone Number  |
| 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 Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed) |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee    |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Taglioni Professional Services , COPP

| (Name of Corporation as curren  | tly filed with the Florida Dept. of State)         |                           |                |
|---|--|---------------------------|----------------|
| (Document Number  | of Corporation (if known)                          |                           | <del></del>    |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:  | s Florida Profit Corporation adopts the foll       | owing ame                 | ndment(s)      |
| A. If amending name, enter the new name of the corporation:   |  |                           |                |
| VIPOOLS Taglioni Professional Services COrp   |  | The                       | new            |
| name must be distinguishable and contain the word "corporation,"<br>"Inc.," or Co.," or the designation "Corp," "Inc." or "Co".<br>"chartered," "professional association," or the abbreviation "P.A. | A professional corporation name must co            | viation "Co<br>ontain the | orp.,"<br>word |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)   |  | - 2                       |                |
| Trincipal Office address <u>most be A STREET ADDRESS</u> )  | <u> </u>   | )21                       | 11753          |
|   | -  |                           | 9              |
|   |  | - 129                     | - Carrent      |
| Enter new mailing address, if applicable:   |  | . TOP                     | 1 8            |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u> )  |  |                           |                |
|   |  | α                         | -              |
|   |  | -·· σ                     | n              |
| D. If amending the registered agent and/or registered office address  Name of New Registered Agent  Name of New Registered Agent  |  |                           |                |
| /Florida s  | treet address)                                     |                           |                |
| (1107 ma 3  | neer uunressy                                      |                           |                |
| New Registered Office Address:  | , Florida,   | (Zip Code)                |                |
|   | (0.03)   | (z.ip Chie)               |                |
| New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar   | nt: - with and accept the obligations of the posit | ìon.                      |                |
| Signature of Nov.   | Registered Agent, if changing                      |                           |                |
| Signature of New 1  | медметей мует, у changing                          |                           |                |

Check if applicable

<sup>☐</sup> 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.

| Example: X Change             | <u>PT</u>    | John Do     | <u>e</u>    |                 |
|-------------------------------|--------------|-------------|-------------|-----------------|
| X Remove                      | <u>v</u>     | Mike Joi    | nes         |                 |
| X Add                         | <u>sv</u>    | Sally Sn    | nith_       |                 |
| Type of Action<br>(Check One) | <u>Title</u> |             | <u>Name</u> | <u>Addres</u> s |
| 1) Change                     |              | _           |             |                 |
| Add                           |              |             |             |                 |
| Remove                        |              |             |             |                 |
| 2) Change                     |              | _           |             |                 |
| Add                           |              |             |             |                 |
| Remove 3) Remove              |              | _           |             |                 |
| Add                           |              |             |             |                 |
| Remove                        |              |             |             |                 |
| 4) Change                     |              |             |             |                 |
| , Add                         |              |             |             |                 |
| Remove                        |              |             |             |                 |
| 5) Change                     |              |             |             | ·               |
| Add                           |              | _           |             |                 |
| Remove                        |              |             |             |                 |
|                               |              |             |             |                 |
| 6) Change                     |              | <del></del> |             |                 |
| Add                           |              |             |             |                 |
| Remove                        |              |             |             |                 |

|  | (Be specific)  |
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| If an amendment provides for an excl   | hange, reclassification, or cancellation of issued shares.   |
| provisions for implementing the amo  | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
| If an amendment provides for an exclusions for implementing the ame<br>(if not applicable, indicate N/A) | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
| provisions for implementing the amo  | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
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| provisions for implementing the amo  | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |

| •  | 15-jun-2021  |                        |
|--|--|------------------------|
| The date of each amendment   |  | , if other than th     |
| late this document was signed                                      |  |                        |
| Effective date <u>if applicable</u> :                              | 15-jun-2021  |                        |
| incente date <u>il applicable.</u>                                 | (no more than 90 days after amendment file date)   | ·                      |
| Note: If the date inserted in the document's effective date on the | this block does not meet the applicable statutory filing requirements, this date whe Department of State's records.  | ill not be listed as t |
| Adoption of Amendment(s)   | (CHECK ONE)  |                        |
| The amendment(s) was/wer action was not required.                  | re adopted by the incorporators, or board of directors without shareholder action an   | id shareholder         |
| ☐ The amendment(s) was/wer<br>by the shareholders was/we           | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.   |                        |
| must be separately provided  | re approved by the shareholders through voting groups. The following statement and 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)   |                        |
| 15-jun-<br>Dated   | 2021   |                        |
| Signature  |  |                        |
| (B)  | y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) | _                      |
|  | Eric Candido Taglioni  |                        |
|  | (Typed or printed name of person signing)  |                        |
|  | (P) FINC Cardion Lection   |                        |
|  | (Title of person signing)  |                        |