P17000018556

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TO: Amendment Section

P.O. Box 6327

Tallahassee, Fl. 32314

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Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Division of Corporations NAME OF CORPORATION: POOL SERVICES BY VP INC DOCUMENT NUMBER: P17000018556 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARIEL MARTINEZ Name of Contact Person M & M ASSOCIATES Firm/ Company 2350 WEST 84 STREET SUITE 7 Address HIALEAH FL 33016 City/ State and Zip Code M.PARRA@MMASSOCIATESG.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARIEL MARTINEZ Name of Contact Person 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 (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations

Articles of Amendment to Articles of Incorporation of

FILED

POOL SERVICES BY VP INC

17000018556		itly filed with the Florida Dept 25 state 1 -2 P 2 26
		TOTAL THE YEAR OF LARVE
	(Document Number	of Corporation (if known)
rsuant to the provisions of section 607 Articles of Incorporation:	.1006, Florida Statutes, thi	is Florida Profit Corporation adopts the following amendment(s)
. If amending name, enter the new n	ame of the corporation:	
	<u> </u>	The
une must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associo	nation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		7873 NW 172 ST
		HIALEAH, FL 33015
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7873 NW 172 ST
		HIALEAH, FL 33015
		dress in Florida, enter the name of the
new registered agent and/or the ne		<u>ss:</u>
Name of New Registered Agent	DARIAN PAZ	
	7873 NW 172 ST	
	(Florida s	street address)
	111 4 1 17 4 11	33015
New Registered Office Address:	HIALEAH	. Florida
new registered agent and/or the ne	DARIAN PAZ 7873 NW 172 ST (Florida s	street address)

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	е, ана за <u>РТ</u>	John Doe		
X Remove	<u>v</u>			
		Mike Jones		
<u>X</u> Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	P.S	VICTOR PAZ	14168 NW 88 PLACE	
Add			MIAMI LAKES, FL 33018	
X Remove				
2) X Change	VP, T	DARIAN PAZ	7873 NW 172 ST	
Add			HIALEAH, FL 33015	
Remove				
3) X Change	P,S	SANDY PAEZ	7873 NW 172 ST	
Add			HIALEAH, FL 33015	
Remove			<u> </u>	
4) Change	0	MODESTO PAZ	14168 NW 88 PLACE	
XAdd			MIAMI LAKES, FL 33018	
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

Attach additional sheets, if necessary).	cles, enter change(s (Be specific)			
				
. <u> </u>				
				
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	<u> </u>		* * * * * * * * * * * * * * * * * * * *	
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If an amendment provides for an exch	nange, reclassificați	on, or cancellation	of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not conta	ained in the amend	ment itself:	
 				
				
	·		·	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
O8/01/2017 Effective date if applicable:	
(no more than 90 days after amendme	nt file date)
Note: If the date inserted in this block does not meet the applicable statutory filing r document's effective date on the Department of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast by the shareholders was/were sufficient for approval.	for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. T must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for approv	al
by	•
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder a action was not required.	ction and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action action was not required.	and shareholder
08/01/2017	
Dated	
(By a director, president or other officer – if directors or off selected, by an incorporator – if in the hands of a receiver, tappointed fiduciary by that fiduciary)	
SANDY PAEZ	
(Typed or printed name of person signing	g)
PRESIDENT	
(Title of person signing)	