P17000035580

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Myrtha Contractin	g USA, Inc		
	IBER: P17000025580			
	s of Amendment and fee are su	ibmitted for filing.		
Please return all corr	espondence concerning this ma	atter to the following:		
	Alessandro Orio			
		Name of Contact Persor	1	
	Myrtha Pools USA, Inc			
		Firm/ Company		
	1800 2nd Street, Suite 758			
		Address		
Sarasota, FL 34236				
	City/ State and Zip Code			
	alessandro.orio@myrthapools.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, plea	se call:		
Alessandro Orio		at (<u>941</u>	9552591	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check:	for the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

Myrtha Contracting USA, Inc			
(Name of	Corporation as curren	tly filed with the Florida Dept. of State)	رن. بر.
P17000025580			77.63
	(Document Number	of Corporation (if known)	3.
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006. Florida Statutes, this	s Florida Profit Corporation adopts the fo	ollowing amendmer
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp, mc, or co-	A luageastona corporation same	reviation "Corp.," contain the word
		N/A	
B. Enter new principal office address, i (Principal office address MUST BE A ST	<u>1 applicatie:</u> FREET <u>ADDRESS</u>)		
(1)			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of	<u>cable:</u> <u>OFFICE BOX</u>)	N/A	
D. If amending the registered agent an	d/or registered office ac	dress in Florida, enter the name of the	
new registered agent and/or the new	w registered office addre	ess:	
Name of New Registered Agent	N/A		
	N/A		
	(Florida	street address)	
LOGO Alderman	N/A	. Florida	
New Registered Office Address:		(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Age	ent: on with and accept the obligations of the t	position.
Thereby accept the appointment as regis	tered agent, - 1 am jamaa	ar with and accept the obligations of the p	
	Signature of New	w Registered Agent, if changing	

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 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	Trevor Tiffany	2143 Harbourside Dr
Add			Longboat Key, FL 34228
X Remove	ьст	Newsonder Ode	4707 L L D . T
2) X Change	PST	Alessandro Orio	4707 Lake Breeze Ter
Add			Sarasota, FL 34236
Remove 3) Change	D	Giulio Orsatti	1800 2nd Street, Suite 758
X Add			Sarasota, FL 34236
Remove			
4) Change	D	John Ireland	5724 Willowtree Drive
X Add			Agoura Hills, CA 91301
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional s	ling additional Artic heers, if necessary).	(Be specific)			
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		·			
I.C	provides for an excl	hange reclassificat	ion, or cancellation	of issued shares,	
provisions for it	provides for an exclude and the ame	endment if not con	tained in the amend	<u>lment itself:</u>	
(if not applie	able, indicate N/A)				
/A					
					-
_ _	<u> </u>				
					

N/A The date of each amendment(s) adoption:	if ashan shan sh
date this document was signed.	if other than the
July 19th 2022 Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder ac action was not required.	tion and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendmen by the shareholders was/were sufficient for approval.	t(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	2022 AUG
by"	
(voting group)	-: ==
Dated 07-19-2022	11: 22
Signature (By a director, president or other officer – if directors or officers have not been	1
selected, by an incorporator – if in the hands of a receiver, trustee, or other co appointed fiduciary by that fiduciary)	
Alessandro Orio	
(Typed or printed name of person signing)	
Secretary/Treasurer	

(Title of person signing)