## P18000000 629

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## **COVER LETTER**

TO: Amendment Section Division of Corporations MANTA POOLS INC. P18 000 000 629 NAME OF CORPORATION: \_\_\_\_\_ DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person

MANTA POOLS IN C

Firm/ Company

1423 CAPPI LN SUITE 3904

Address

WESTON FL 33326

City/ State and Zip Code damilabogarin @ hot mail. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: **□\$**43.75 Filing Fee & □ \$35 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) **Mailing Address** Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

(Name of Co	rporation as currently f	led with the Florida De	pt. of State)			
	P18000	000629				
	(Document Number of C	<del></del>				
dursuant to the provisions of section 607.1006.  s Articles of Incorporation:	, Florida Statutes, this <i>Flo</i>	orida Profit Corporation	adopts the follo	wing	ameno	lment(s
MANTA VEN	• •	С			Th	
ame must be distinguishable and contain the w Inc., " or Co.," or the designation "Corp," chartered," "professional association," or th	" "Inc," or "Co". A p	rofessional corporation		iation	"Corp	
3. Enter new principal office address, if app	olicable:	NIA				
Principal office address <u>MUST BE A STREI</u>						_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				<u>:</u>  -	₹0 FI	_
		N/A	,		£21	=
					7e-	
			:	] // [	): 	_
. If amending the registered agent and/or new registered agent and/or the new reg		s in Florida, enter the n	ame of the			
Name of New Registered Agent	NIA					
Nume of New Negistered Agent						
	(Florida street	address				
	N/A	uuur essy				
New Registered Office Address:	(C)	ty)	, Florida	Zip Co	de)	_
ew Registered Agent's Signature, if chang hereby accept the appointment as registered		and accent the obliques	one of the marie	ои		
петебу иссері іне арропитені из тедізістви	ugeni. Tam jaminar wili	i ana uccepi ine opiigano	ть ој те розн	on.		
	NIA					
	Signature of New Regi	stered Agent, if changing				
	· · · · · · · · · · · · · · · · · · ·	- <b>~ ~</b>				
Theck 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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		NIA	20
Add			- <del> i B</del> H
Remove		N/A	2
2) Change			
Add			
Remove 3) Change		N/A-	\$ <del></del>
Add			
Remove		N/A	
4) Change			
Add			
Remove		N/A	
5) Change		N/A	
Add			<del></del>
Remove		N/A	
6) Change		NIA	<del></del>
Add			
Remove			

If amending or adding additional Articles, enter change(s) here:	
Attach additional sheets, if necessary). (Be specific)	
Al/A	
1011	
	<del></del> -
	···
	20
If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	24
provisions for implementing the amendment if not contained in the amendment itself;	)
(if not applicable, indicate N/A)	0: 0
N/A	

	3 4/ X . 3 .		N/A-		
date this document	n amendment(s) add nt was signed.	option:	<del></del>		, if other than the
Effective date <u>if</u>	applicable:		<del></del>		
		(no more than 90	days after amendment fi	le date)	
		ock does not meet the applica artment of State's records.	able statutory filing requi	rements, this date will r	not be listed as the
Adoption of Am	Adoption of Amendment(s) (CHECK ONE)				
☐ The amendme action was not	•	ted by the incorporators, or be	oard of directors without	shareholder action and s	hareholder
	nt(s) was/were adop olders was/were suff	ted by the shareholders. The ficient for approval.	number of votes cast for	the amendment(s)	
		oved by the shareholders thro ach voting group entitled to v		2.	
"The nu	mber of votes cast fo	or the amendment(s) was/were	e sufficient for approval		
by		(voting group)		C.	
		(voting group)		<u>ئىد</u> سى .	7 0 F
	Dated 2/6	20/2020			F11.
	Signature	ATX			U.OINV
	selected,	ector, president or other office by an incorporator – if in the d fiduciary by that fiduciary)	hands of a receiver, trust		2
		DJANILA	BOGALIN		
	<u>-</u> -	(Typed or printed n	ame of person signing)		<del></del>
		PRESI	OFNT		

(Title of person signing)