## P18000031760

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2021 NOV -1 AMIL: 38

A. RAMSEY NOV 1 5 2021

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: DIAMOND POOI	S AND SPAS, INC.		
DOCUMENT NU	MBER: P18000031760			
	les of Amendment and fee are su	bmitted for filing.		
Please return all co	rrespondence concerning this ma	tter to the following:		
	PAUL MOWRY			
		Name of Contact Person	n	
	DIAMOND POOLS AND SPAS, INC.			
		Firm/ Company	<del></del>	
	411 PRATHER DRIVE			
		Address		
	FORT MYERS, FL 33919			
		City/ State and Zip Cod	૯	
	DIAMONDPOOLSANDSPA	AS1993@GMAIL.com		
	E-mail address: (to be us	sed for future annual report	notification)	
For further informa	tion concerning this matter, pleas	se call:		
CHRISTINE MOWRY		at ( 239	357-6612	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee		

Tallahassee, FL 32303

## **Articles of Amendment** Articles of Incorporation of

FILED
2021 NOV -1 AMIL: 38 (Name of Corporation as currently filed with the Florida Dept. of State) 4700

DIAMOND POOLS AND SPAS, INC.

P18000031760			74.93FF. 57.567=
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	s Florida Profit Corporatio	n adopts the following amendment(s) to
A. If amending name, enter the new na	ime of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc." or "Co".	A professional corporatio	ed" or the abbreviation "Corp.,"
B. Enter new principal office address, i (Principal office address MUST BE A S.)	if applicable: TREET ADDRESS )	N/A	
(	,		<del></del>
			<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
D. If amending the registered agent annew registered agent and/or the new			name of the
Name of New Registered Agent N/A			
		- ·	
	(Florida	street address)	
New Registered Office Address:	N/A		, Florida
gen registeren vijnee ruuress.		(City)	(Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe	hanging Registered Age ered agent, - Lam familia	nt: r with and accept the obliga	tions of the position.
, , , , , , , , , , , , , , , , , , , ,			
	Signature of New	Registered Agent, if changing	nα
	signature of New	regisierea agem, ij changa	08
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.

Example: 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)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	S	CHRISTINE MOWRY	411 PRATHER DRIVE	
X Add			FORT MYERS, FL 33919	
Remove				
2) Change				
Add				
Remove 3 ) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

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If an amendment prov	vides for an exchange, rec	classification, or can	cellation of issued shar	res.
provisions for implen	menting the amendment i indicate N/A)	f not contained in th	e amendment itself:	<b>-</b>
(if not applicable,	indicate N/A)			
A				
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The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	block does not meet the applicable statutory filing requirements, this epartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder a	action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendmentficient for approval.	ent(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	"	
, <u>.</u>	(voting group)	
selecte	irector, president or other officer if directors or officers have not be d, by an incorporator – if in the hands of a receiver, trustee, or other cited fiduciary by that fiduciary)	
аррош		
	PAUL B MOWRY	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	