P18000087936

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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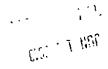
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2019 WAY 28 P 3: 31



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: POOL INMOBILIARIO	OCORP	
DOCUMENT NUMBER: P1800087936		
The enclosed Articles of Amendment and fee are submitt	ted for filing.	
Please return all correspondence concerning this matter to	o the following:	
KARINA CONDÉ		
N	ame of Contact Person	
KARINA CONDE PA		
	Firm/ Company	
2069 NE 123RD ST		
	Address	
NORTH MIAMI FL 33181		
C	ity/ State and Zip Code	
KARINACONDE@HOTMAIL.COM		
E-mail address: (to be used for	or future annual report notification)	
For further information concerning this matter, please cal	1:	
KARINA CONDE	786 3996659	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payab	ple to the Florida Department of State:	
Certificate of Status (\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy Additional copy is enclosed) \$\sigma \frac{1}{2} \frac{5}{2}.50 \text{ Filing Fee} Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address	Street Address	
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations	
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

POOL INMOBILIARIO CORP

(Name of Corporation as	s currently filed with the Floridal Beoth of State 1 3: 31
18000087936	
(Document N	Number of Corporation (if known) Light College Additional A
arsuant to the provisions of section 607.1006, Florida Statisticles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment
. If amending name, enter the new name of the corpor	ration:
	The new
	corporation," "company," or "incorporated" or the abbreviation lnc," or "Co". A professional corporation name must contain the reviation "P.A."
Enter new principal office address, if applicable:	
rincipal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u>)
. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered of	ffice address in Florida, enter the name of the
new registered agent and/or the new registered office	e address:
Name of New Registered Agent	
Name of New Registered Agent	
	(Florida 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.

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
X Change	VP	KARINA CONDE	2069 NE 123RD ST
Add			NORTH MIAMI FL 33181
Remove			
2) Change	Ρ	MONICA LORENZI	2069 NE 123RD ST
X Add			NORTH MIAMI FL 33181
Remove			
3)Change		<u> </u>	
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		·	
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	
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If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, under the indicate in the amendment itself:
(if not applicable, indicate N/A)	name of the control o
	 ·· · · · · · · · · · · · · · · · ·

	05/22/19	
The date of each amendment(s)	ndoption:	, if other than the
date this document was signed.		
= =	/22/19	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	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)	(CHECK ONE)	
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment of the superior of the shareholders.	nt(s)
	oproved by the shareholders through voting groups. The following stater each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	lopted by the board of directors without shareholder action and shareholder lopted by the incorporators without shareholder action and shareholder	
action was not required.		
05/22/19		
Dated Signature	e Della	
	director, president or other officer - if directors or officers have not be	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other content in the fiduciary by that fiduciary)	ourt
	KARINA CONDE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	