P19000060432

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COVER LETTER

TO: Amendment Section Division of Corporations 1 NAME OF CORPORATION: SPRING POOL CARE CORP DOCUMENT NUMBER: P19000060432 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RICARDO RODRIGUEZ Name of Contact Person Firm/ Company 9970 RAMLEWOOD DRIVE Address CORAL SPRINGS, FL 33071 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RICARDO RODRIGUEZ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee S35 Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee &

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enclosed)

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Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Certificate of Status

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is enclosed)

(Additional Copy

Articles of Amendment to Articles of Incorporation of

SPRING	DOOL	CADE	CODD
SPRING	PUUL	CARE	LURP

(Name o	f Corporation as current	y filed with the Florida Dept. of State)		
P19000060432				
·	(Document Number of	f Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following	g amendme	nt(s) to
A. If amending name, enter the new na	ame of the corporation:			
N/A			The new	,
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association."	Corp." "Inc." or "Co"	company," or "incorporated" or the abbreviation A professional corporation name must contain	on "Corp.," on the word	!
R - Enter new principal office address	if annlicable	MATHEUS DOMINGUES DE OLIVEIRA	L	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		11911 ROYAL PALM BLVD, APT. 204		
		CORAL SPRINGS, FL 33065		
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)				
		11911 ROYAL PALM BLVD, APT. 204		
		CORAL SPRINGS, FL 33065		
D. If amending the registered agent an new registered agent and/or the new			20 00	:
Name of New Registered Agent	MATHEUS DOMINGU	ES DE OLIVEIRA	_ \(\times \)	
	11911 ROYAL PALM BI	LVD, APT.204	ික - _ ූූ	·)[-
	(Florida st	reet address)		- (·
New Registered Office Address:	CORAL SPRINGS	, Florida	· · ·	
		(City) (Zip)	Codé) ³	-
New Registered Agent's Signature, if call thereby accept the appointment as registered.	tered agent. I am familiar	with and accept the obligations of the position.		
	Signature of New I	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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
(Check One) 1) X Change	P	MATHEUS DOMINGUES DE OLI	11911 ROYAL PALM BLVD
Add			APT. 204
Remove			CORAL SPRINGS, FL 33065
2) Change	 -		
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach mamino	adding additional Ar al sheets, if necessary).	(Be specific)			
4					
				 	
					
<u> </u>					
					
					
·	.				
					
					
. <u>If an amendm</u>	ent provides for an ex-	hange, reclassificati	on, or cancellation	of issued shares,	
cifnot on	r implementing the am olicable, indicate N/A)	ienament if not conti	ained in the amend	iment itseir:	
	medole, maleute MA)				
//A					
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	option:	, if other tha
date this document was signed.	Nanan	
Effective date if applicable:	0/2020	
	(no more than 90 days after amendn	nent file date)
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing partment of State's records.	g requirements, this date will not be listed a
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors w	ithout shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes confficient for approval.	ast for the amendment(s)
"The number of votes cast	each voting group entitled to vote separately on to for the amendment(s) was/were sufficient for app (voting group)	roval
	(voting group)	
10/10/2020		
Dated		
Signature _	A The	
(By a d	rector, president or other officer – if directors or it, by an incorporator – if in the hands of a receive ed fiduciary by that fiduciary)	
	MATHEUS DOMINGUES DE OLIVEIRA	
	(Typed or printed name of person sign	ning)
	PRESIDENT	
	(Title of person signing)	