P19000038260

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COVER LETTER

TO: Amendment Section Division of Corporations

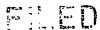
Tallahassee, FL 32314

NAME OF CORPO	PRATION: Sparkle Pools by (CJ Inc	
	IBER: P19000088260		
	s of Amendment and fee are su	ubmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	Charles Link		
		Name of Contact Persor	1
	Sparkle Pools by CJ Inc		
		Firm/ Company	
	PO Box 882494		
		Address	
	Port St. Lucie FL, 34988		
	***************************************	City/ State and Zip Code	2
	sparklebyej@gmail.com		
	E-mail address: (to be u.	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:	
Charles Link		at (528-0254
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	rtment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 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		Amend Division	Address ment Section n of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



SPARKLE POOLS BY CJ INC.		_
(Name of Corporation as curren	tly filed with the Florida Depti of State	PH-4: 25
P19000088260	of Corporation (if known) TAMAS	
(Document Number	of Corporation (if known)	SEEL FL.
Pursuant to the provisions of section 607.1006, Florida Statutes, this ts Articles of Incorporation:	s Florida Profit Corporation adopts the follow	ving amendment(s
If amending name, enter the new name of the corporation:		
Sigma Ventures Inc.		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must con	ation "Corp.,"
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	- A/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 882494	
	Port St. Lucie, FL 34988	
 If amending the registered agent and/or registered office addresses registered agent and/or the new registered office addresses 	<u>lress in Florida, enter the name of the</u> s:	
Name of New Registered Agent	- 1//4	
	feet address)	
New Registered Office Address:	, Florida	
(Florida st New Registered Office Address: New Registered Agent's Signature, if changing Registered Agen	(City) (Zi	ір Соа
hereby accept the appointment as registered agent. I am familiar		1 .
Signature of New F	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 (Check One)	Title	Name		Address
1) Change		_		
Add				
Remove				
2) Change				
Add				***
Remove 3) Change		<u> </u>		
Add			1	
Remove			////	4
4) Change				
Add			·	
Remove				
5) Change		_		
Add				
Remove				
б) Change		<u> </u>		
Add				
Remove				

an amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		<u>les, enter change(s) here</u> : (Be specific)
ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
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ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	mendment provides for an exchar	nge, reclassification, or cancellation of issued shares
(if not applicable, indicate N/A)	ions for implementing the amend	dment if not contained in the amendment itself:
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		VIA
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		V/A

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The date of each amendment(s) adoption: 6/13/2.	, if other than the
0/20/21	
Effective date if applicable: \(\frac{4}{30} \) 2.\\ (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) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder a action was not required.	ction and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendme by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for 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	
by	
Dated 8/13/21 Signature Colmmy Clink	
Signature Colmm Clink	
(By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	n ourt
(Typed or printed name of person signing)	
President (Title of person signing)	