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Account Name : ALRON ENTERPRISES, INC.  
Account Number : I20000000113  
Phone : (321)951-7626  
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PRIVATE  
10/10/20

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
PRISTINE POOL CARE FLORIDA, INC.**

Certificate of Status	0
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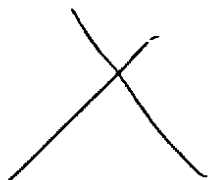
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August 13, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations

PRISTINE POOL CARE FLORIDA, INC.  
2554 KUMQUAT ST NE  
PALM BAY, FL 32905US

SUBJECT: PRISTINE POOL CARE FLORIDA, INC.  
REF: P20000013798

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

FAX Aud. #: B20000274239  
Letter Number: 820A00015372

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**COVER LETTER**

NAME OF CORPORATION: **HURRICANE POOL CARE, INC.**  
DOCUMENT NUMBER: **P20000013798**

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jenni Johnson  
Alron Corps, Inc.  
3990 Minton Rd  
Melbourne, FL 32904

Email address to be used for future annual report notification:  
**pristinepoolsbrevard@gmail.com**

For further information concerning this matter, please call:

Jenni Johnson at 321-951-7626

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION OF**

**Pristine Pool Care Florida, Inc.**

Document ID: P20000013798

*Pursuant to the provision of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:*

**FIRST:** Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

A. If amending name, enter the new name of the corporation:

**Hurricane Pool Care, Inc.**

B. Enter new principal office address, if applicable: N/A

C. Enter new mailing address, if applicable: N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered agent office address:

Name of New Registered Agent: N/A

New Registered Agent Office Address: N/A

New Registered Agent's Signature:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

Signature of New Registered Agent, if changing

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.

1.) ☐ change  
☐ add  
☐ remove

Name: N/A  
Address:

Title:

2.) ☐ change  
☐ add  
☐ remove

Name:  
Address:

Title:

3.) ☐ change  
☐ add  
☐ remove

Name:  
Address:

Title:

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E. If amending or adding additional Articles, enter here:

N/A

**SECOND:** If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follow:

**THIRD:** The date of each amendment's adoption 8/11/2020

**FOURTH:** Adoption of Amendment



The amendment was approved by the shareholders. The number of votes cast for the amendment was sufficient for approval.

Signed this 11<sup>th</sup> day of August, 2020

Signature

Jesse Miraba  
President/Director

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