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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PLATINO	POOLS SERVICES CORP
DOCUMENT NUMBER: P20000077604	
The enclosed Articles of Amendment and fe	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
EDUARDO M	ROSARIO SANCHEZ
	Name of Contact Person
PLATINO POOLS	SERVICES CORP
	Firm/ Company
3583 HANOVER DR	
	Address
NEW PORT RICHEY	′, FL 34653
	City/ State and Zip Code
TAMPAMULTISER	RVICES-INC@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter	er, please call:
EDUARDO M ROSARIO SANCHEZ	at ()
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amoun	t made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing I Certificate of S	-
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

PLATINO POOLS SER	VICES CORP		*	192 HJV
(Name	of Corporation as currentl	y filed with the Florida Dept. of State)	- : -	<u> </u>
P20000077604				10
	(Document Number o	f Corporation (if known)	 -	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the follo	wing amer	_
A. If amending name, enter the new n	ame of the corporation:		-	
N/A			The	нем.
	Corp," "Inc," or "Co". 7	company," or "incorporated" or the abbrev 1 professional corporation name must con	iation "Co	rp., "
B. Enter new principal office address, if applicable:		N/A		
(Principal office address <u>MUST BE A S</u>				
				
			_	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
(oruning unuress <u>MAT BE A PQST</u>	OFFICE BUX)	· · · · · · · · · · · · · · · · · · ·		
				
D. If amending the registered agent ar	nd/or registered office addi	ress in Florida, enter the name of the		
new registered agent and/or the ne	w registered office address	<u> </u>		
Name of New Registered Agent	N/A			
	(Florida str	ect address)		
New Registered Office Address:	N/A	. Florida		
Ten negative office manyage.		,	Zip Code)	
New Registered Agent's Signature, if e Thereby accept the appointment as regist		<u>:</u> with and accept the obligations of the position	9 n .	
	Signature of New Ro	egistered Agent, if changing		
Check if applicable		o a ry mome		

☐ 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)

Example:

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>	<u>John De</u>	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	VP	_	JEAN F ROJAS DOMINGUEZ	440 WOOD LANDING
Add				OLDSMAR, FL 34677
X Remove				
2) Change		_		
Add				
Remove Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	<u> </u>
F. 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: (if not applicable, indicate N/A)	
N/A	

•

	4/2022		
The date of each amendment(s) adoption:		, if ot	her 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 block does not n document's effective date on the Department of Sta	meet the applicable statutory filing requirements, this inte's records.	date will not be	listed as the
Adoption of Amendment(s) (CHEC	CK ONE)		
The amendment(s) was/were adopted by the incoaction was not required.	orporators, or board of directors without shareholder ac	ction and shareho	lder
☐ The amendment(s) was/were adopted by the sharps by the shareholders was/were sufficient for approximation.	reholders. The number of votes east for the amendment royal.	n(s)	
	nareholders through voting groups. The following states oup entitled to vote separately on the amendment(s):	ment	
"The number of votes east for the amendin	nent(s) was/were sufficient for approval		
by	"	•	202
(voting	group)	,	2022 HOV 16
Dated 11/08/2022	-		9
Dated		-	يج
Signature	(6-)-10 s	<u>.</u> .	AK 7: 37
	it or other officer - if directors or officers have not been	n ,	 ω
	orator – if in the hands of a receiver, trustee, or other co	ourt 5	1
appointed fiduciary by	that fiduciary)		
EDUARD	OO M ROSARIO SANCHEZ		
(Тут	ped or printed name of person signing)		
PRESIE	DENT		
(Titl	le of person signing)		_