## 645U000169

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |

Office Use Only



400397630464

FEB 1 3

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR           | RATION: WAJAY POOL SERVICES INC  |
|--------------------------|--|
| DOCUMENT NUME            | BER: P21000017542  |
| The enclosed Articles    | of Amendment and fee are submitted for filing.   |
| Please return all corres | spondence concerning this matter to the following:   |
|                          | Yosvani Martinez Tamayo  |
| •                        | Name of Contact Person   |
|                          | WAJAY POOL SERVICES INC  |
|                          | Firm/ Company  |
|                          | 5505 BARMA ST  |
| •                        | Address  |
|                          | ORLANDO, FL 32807  |
|                          | City/ State and Zip Code   |
|                          | wajaytransport@gmail.com   |
| •                        | E-mail address: (to be used for future annual report notification)   |
| For further information  | n concerning this matter, please call:   |
| YOSVANI MAR              | TINEZ TAMAYO at (  |
| Name o                   | of Contact Person Area Code & Daytime Telephone Number   |
| Enclosed is a check for  | r the following amount made payable to the Florida Department of State:  |
| ■ \$35 Filing Fee        | ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status  (Additional copy is enclosed) |

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

## **Articles of Amendment** to Articles of Incorporation of

|   | -  |
|---|--|
| on as currently filed with the Florida Dept. of State)  |  |
|   | •  |
| nent Number of Corporation (if known)   |  |
| a Statutes, this Florida Profit Corporation adopts the following  | ng amendmer  |
| nrporation:   |  |
|   | The new  |
| orporation," "company," or "incorporated" or the abbreviati<br>" or "Co". A professional corporation name must contarviation "P.A." | ion "Corp.,"   |
| DRESS )   |  |
| <u></u>   |  |
| red office address in Florida, enter the name of the office address:  |  |
|   |  |
|   | _  |
| (Florida street address)  |  |
| (City) , Florida, City  | Codes  |
| <u>vistered Agent:</u><br>I am familiar with and accept the obligations of the position.  |  |
|   | nent Number of Corporation (if known)  (Statutes, this Florida Profit Corporation adopts the following proporation:  (Proporation:  (Proporat |

Check if applicable

<sup>☐</sup> 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>    | John Doe    |                 |
|-------------------------------|--------------|-------------|-----------------|
| X Remove                      | <u>V</u>     | Mike Jones  |                 |
| X Add                         | <u>sv</u>    | Sally Smith |                 |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change                     |              |             |                 |
| Add                           |              |             |                 |
| Remove                        |              |             |                 |
| 2) Change                     |              |             |                 |
| Add                           |              |             |                 |
| Remove 3 ) Change             |              | <u> </u>    |                 |
| Add                           |              |             |                 |
| Remove                        |              |             |                 |
| 4) Change                     |              |             |                 |
| Add                           |              |             |                 |
| Remove                        |              |             |                 |
| 5) Change                     |              |             |                 |
| Add                           |              |             |                 |
| Remove                        |              |             |                 |
| б) Change                     |              |             |                 |
| Add                           |              |             |                 |
| Remove                        |              |             |                 |

|                     | g additional Arti<br>ts, if necessary). | (Be specific)     |                  |                                       |           |   |
|---------------------|---|-------------------|------------------|---------------------------------------|-----------|---|
|                     |   |                   |                  |                                       |           |   |
|                     |   |                   |                  |                                       |           | _ |
|                     |   |                   |                  |                                       |           |   |
|                     |   | <del></del>       | <del></del>      | <u>-</u>                              | _         | · |
|                     |   |                   |                  |                                       |           |   |
|                     |   |                   |                  |                                       | -         |   |
|                     |   |                   |                  |                                       | _         |   |
|                     |   |                   |                  |                                       |           |   |
|                     |   | _                 |                  |                                       |           |   |
|                     |   |                   |                  |                                       |           |   |
|                     |   |                   | <del></del>      | -                                     |           |   |
|                     |   |                   |                  |                                       |           |   |
|                     | <del></del>                             |                   | _                |                                       |           |   |
|                     |   |                   |                  |                                       |           |   |
|                     |   |                   |                  |                                       | -         |   |
| _                   | _                                       |                   |                  |                                       |           |   |
|                     |   |                   |                  |                                       |           |   |
| <u></u>             |   |                   |                  |                                       |           |   |
|                     |   |                   |                  |                                       |           |   |
|                     |   |                   |                  | <del></del>                           |           |   |
|                     |   |                   |                  |                                       |           |   |
|                     | <del></del>                             |                   |                  |                                       |           |   |
|                     |   |                   | _                |                                       |           |   |
|                     |   |                   | <del></del> -    | -                                     |           |   |
| <u></u>             |   |                   | <u> </u>         |                                       |           | _ |
|                     |   |                   |                  |                                       |           |   |
| <del>_</del> _      |   | <del></del>       |                  | <del></del>                           | _         |   |
|                     |   |                   |                  |                                       |           |   |
|                     |   |                   |                  |                                       |           |   |
| n amendment proy    | vides for an excl                       | nange reclassific | ation, or cancel | lation of issue                       | d shares. |   |
| ovisions for implen | menting the ame                         | ndment if not co  | ntained in the   | amendment its                         | elf:      |   |
|                     | indicate N/A)                           |                   |                  |                                       |           |   |
| (if not applicable, |   |                   |                  |                                       |           |   |
| (if not applicable. |   |                   |                  |                                       | -         |   |
| (if not applicable, |   |                   |                  |                                       |           |   |
| (if not applicable, |   |                   |                  |                                       |           |   |
| (if not applicable. |   |                   |                  |                                       |           | _ |
| (if not applicable. |   |                   |                  |                                       |           |   |
| (if not applicable, |   |                   |                  |                                       |           |   |
| (if not applicable, |   |                   |                  | · · · · · · · · · · · · · · · · · · · |           |   |
| (if not applicable. |   |                   |                  |                                       |           |   |
| (if not applicable. |   |                   |                  |                                       |           |   |
| (if not applicable. |   |                   |                  |                                       |           |   |
| (if not applicable. |   |                   |                  |                                       |           |   |
| (if not applicable. |   |                   |                  |                                       |           |   |

|   | loption:  | , if other than the       |
|---|---|---------------------------|
| date this document was signed.  |   |                           |
| Effective date <u>if applicable</u> :   | (no more than 90 days after amendment file date)  |                           |
|   | (m) ment than 20 days after anti-handen fitt date)  |                           |
| <b>Note:</b> If the date inserted in this b document's effective date on the De | ock does not meet the applicable statutory filing requirements, this date partment of State's records.                                      | will not be listed as the |
| Adoption of Amendment(s)  | (CHECK ONE)   |                           |
| The amendment(s) was/were ado action was not required.                          | pted by the incorporators, or board of directors without shareholder action   | and shareholder           |
| ☐ The amendment(s) was/were ado<br>by the shareholders was/were su              | pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.  | l                         |
|   | roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): |                           |
| "The number of votes cast   | or the amendment(s) was/were sufficient for approval  | 2022 HOV 16               |
| by  | <u> </u>  | <u> </u>                  |
|   | (voting group)  |                           |
|   | A   |                           |
| Dated 11/10   | 2022  |                           |
| Dated   | <del>(</del>  | - : <del>- :</del>        |
| Signature   | and a second  | ္ မ                       |
|   | ector, president or other officer – if directors or officers have not been  | ··.                       |
|   | , by an incorporator - if in the hands of a receiver, trustee, or other court   |                           |
| appoint   | ed fiduciary by that fiduciary)   |                           |
|   | Yosvani Martinez Tamayo   |                           |
|   | (Typed or printed name of person signing)   |                           |
|   | President   |                           |
|   | (Title of person signing)   | <del></del>               |