

P21 000 069 480

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

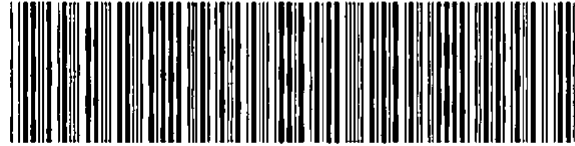
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**COVER LETTER**

Amendment Section  
Division of Corporations

**E OF CORPORATION:** SUPREME POOL CONSTRUCTION, INC.

**UMENT NUMBER:** P21000069480

Enclosed *Articles of Amendment* and fee are submitted for filing.

Return all correspondence concerning this matter to the following:

LAURA M. OCAMPO

Name of Contact Person

SUPREME POOL CONSTRUCTION, INC.

Firm/ Company

5566 BENTON ST

Address

LEHIGH ACRES, FL 33971

City/ State and Zip Code

INFO@ACCOUNTANTCAPECORAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAURA M. OCAMPO

Name of Contact Person

at ( 239 )

240 - 0655

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$5 Filing Fee

☒ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**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  
to  
Articles of Incorporation  
of

EME POOL CONSTRUCTION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

0069480

(Document Number of Corporation (if known))

nt to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to  
cles of Incorporation:

**Changing name, enter the new name of the corporation:**

\_\_\_\_\_ The new  
must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.,"  
or Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word  
ered," "professional association," or the abbreviation "P.A."

**Enter new principal office address, if applicable:**

**Principal office address MUST BE A STREET ADDRESS**

5566 BENTON ST

LEHIGH ACRES, FL 33971

**Enter new mailing address, if applicable:**

**Mailing address MAY BE A POST OFFICE BOX**

5566 BENTON ST

LEHIGH ACRES, FL 33971

**Changing the registered agent and/or registered office address in Florida, enter the name of the  
y registered agent and/or the new registered office address:**

Name of New Registered Agent \_\_\_\_\_

5566 BENTON ST

(Florida street address)

New Registered Office Address: \_\_\_\_\_

FORT MYERS

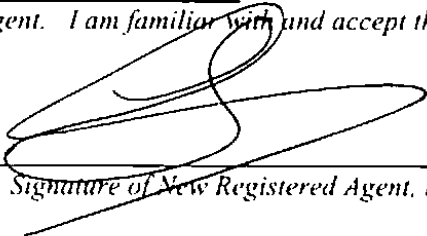
(City)

Florida 33971

(Zip Code)

**Registered Agent's Signature, if changing Registered Agent:**

**I 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 applicable**

amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

ending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and  
ss of each Officer and/or Director being added:  
h additional sheets, if necessary)  
note the officer/director title by the first letter of the office title:  
resident; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief  
tive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held.  
lent, Treasurer, Director would be PTD.  
ges 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  
ge, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change,  
Jones, V as Remove, and Sally Smith, SV as an Add.

ple:  
ange PT John Doe  
move V Mike Jones  
dd SV Sally Smith

of Action (k One)	Title	Name	Address
Change	PTSD	LAURA M. OCAMPO	5566 BENTON ST
Add			LEHIGH ACRES, FL 33971
Remove			
Change	VP	GERMAN GARCIA OLIVARES	5566 BENTON ST
Add			LEHIGH ACRES, FL 33971
Remove			
Change			
Add			
Remove			
Change			
Add			
Remove			
Change			
Add			
Remove			
Change			
Add			
Remove			

**Amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

**SE, CHANGE ADDRESS FOR PRINCIPAL, MAILING, REGISTERED AGENT, AND OWNERS ADDRESS.**

**If 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)*

Date of each amendment(s) adoption: NOVEMBER 05, 2024, if other than the date this document was signed.

Effective date if applicable: NOVEMBER 05, 2024  
(no more than 90 days after amendment file date)

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the amendment's effective date on the Department of State's records.

Method of Amendment(s) **(CHECK ONE)**

☐ Amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder approval was not required.

☐ Amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ Amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval  
by LAURA M. OCAMPO,  
(voting group)"

Dated NOVEMBER 05, 2024

Signature

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

LAURA M. OCAMPO

(Typed or printed name of person signing)

PTSD

(Title of person signing)