

P22000007275

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COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: R91 SERVICES, INC

DOCUMENT NUMBER: P22000007275

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

Please return all correspondence concerning this matter to the following:

RUBEN AQUINO

Name of Contact Person

Firm/ Company

R91 SERVICES, INC

Address

5567 27TH CT SW APT B

City/ State and Zip Code

NAPLES, FL 34116

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

For further information concerning this matter, please call:

Ruben Aquino

Name of Contact Person

at ( 239 ) 784-3497

Area Code & Daytime Telephone Number

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

☒ \$35 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2003 AUG -1 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FL

Articles of Amendment  
to  
Articles of Incorporation  
of  
**R91 SERVICES, INC**

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

**P22000007275**

(Document Number of Corporation (if known))

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

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

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 office address:**

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

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

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

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

2023 JUL-1 PM 2:14  
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**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                      PT      John Doe

X Remove                    V      Mike Jones

X Add                        SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	VP	SAUL AQUINO	1810 Florida Club Cir
<input checked="" type="checkbox"/> Add			Naples, FL 34112
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

2020 AUG -1 PM 2:14  
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 SECRETARY

**E. If amending or adding additional Articles, enter change(s) here:**  
(Attach additional sheets, if necessary). (Be specific)

None

**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)

None

2023 AUG -1 PM 2:14  
SECTION 607.01, STATE  
FALL 2023 - 2024 FL

The date of each amendment(s) adoption: 07/26/2023, if other than the date this document was signed.

Effective date if applicable: 07/26/2023  
(no more than 90 days after amendment file date)

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

☒ The 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.

☐ The 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

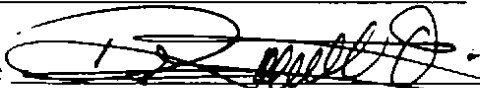
by \_\_\_\_\_."  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 07/26/2023

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)

Ruben Aquino

(Typed or printed name of person signing)

President

(Title of person signing)

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STATE  
CLERK

P22000007275

James Turner

1333 Tyrone Blvd. N

St. Petersburg, Fl. 33710

813-520-3196

Commercialpools@aol.com

January 15, 2024

Karen Lovelace

Regulatory Specialist II

New Filing Section

Division of Corporations

Florida Department of State

Karen.Lovelace@dos.myflorida.com

Coronline@dos.state.fl.us

I have no intention of reinstating US Pools Corporation P22000053546  
and would like to release the name to #800420806578.

Thanks

James Turner, 1333 Tyrone Blvd. N. St. Petersburg, Fl. 33710

Date: 1-25-24

Signature: [Signature]

STATE OF Florida

COUNTY OF Pinellas

The foregoing instrument was acknowledged before me by means of (X)  
physical presence or ( ) online notarization this 25<sup>th</sup> day of January,  
2024, by James Turner.

[Signature]

Signature of Notary Public  
Print, Type/Stamp Name of Notary



MARY J. GUILLAUME  
Commission # HH 269824  
Expires September 24, 2026

Personally Known: X OR Produced Identification: \_\_\_\_\_

Type of Identification

Produced: \_\_\_\_\_