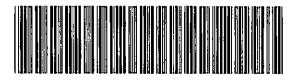
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(Red	questor's Name)		
(Ado	dress)		
(Add	dress)		
(City	y/State/Zip/Phone	e #)	
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(Do	cument Number)		
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2022 SEP 19 PH 4: 51

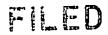
(12/20/2022

COVER LETTER

TO: Amendment Sec Division of Corp				
NAME OF CORPO	Infinity Custom Po RATION:	ots, Inc.		
DOCUMENT NUM	P22000029417 BER:			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	Chose McFarlane			
	Infinity Custom Pools, Inc.	Name of Contact Person	1	
	940 Country Club Blvd	Firm/ Company		
	Address Cape Coral, FL 33990			
		City/ State and Zip Code	e	
	chase@infinitycustompoolsfl	.com		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
Chase McFarlane		239 at (789-3313)	
Name	of Contact Person	Area Co)de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State;	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

Infinity Custom Pools, Inc.



(Name)	of Corporation as currently	filed with the Florida Dept. of State)	2022-SEP 19 PM 4: 51
P22000029417	va gorjanación as currents	they will the Florida Dept. of State	SECRETARY OF STATE
	(Document Number of	Corporation (if known)	TALLAHASSEE.FL
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this I	Florida Profit Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
name must be distinguishable and contain "Inc.," or Co.," or the designation "Chartered," "professional association," B. Enter new principal office address, (Principal office address MUST BE A S C. Enter new mailing address, if appl (Mailing address MAY BE A POST) D. If amending the registered agent and new registered agent and/or the new regist	Corp," "Inc," or "Co". A " or the abbreviation "P.A." if applicable: TREET ADDRESS) licable: OFFICE BOX)	940 Country Club Blvd Cape Coral, FL 33990 ess in Florida, enter the name of the	
Name of New Registered Agent	940 Country Club Blvd		
	(Florida stre	et address)	
New Registered Office Address:	Cape Coral		8990
	1	City)	(Zip Code)
New Registered Agent's Signature, if call thereby accept the appointment as regis	tered agent I am familiar w	ith and accept the obligations of the po gistered Agent, if changing	sition.
Check if applicable	Numericant to a 407 0120 / 117	a e e	
☐ The amendment(s) is/are being filed p	nursuant to s. 607.0120 (11) (r), r.o.	

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: <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action	<u>Title</u>	<u>Name</u>	Address
(Check One)	VP	Craig Stevens	20151 Bowen Rd
1) Change			North Fort Myers, FL 33917
Add Remove			
2) Change	VP	Normandy McFarlane	20151 Bowen Rd
Add	-		North Fort Myers, FL 33917
Remove	P	Chase McFarlane	20151 Bowen RD
3) Change		_	North Fort Myers, FL 33917
Add Remove			
4) Change			
Add			
Remove			
5) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding addition Attach <i>additional sheets, if nece</i> :	ssary). (Be specific)			
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-				
		<u>.</u>		
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	 .			
f an amendment provides for	an exchange, reclassificat	ion, or cancellation of i	issued shares,	
provisions for implementing t	he amendment if not cont	ained in the amendmen	nt itself:	
(if not applicable, indicate	N/A)			
··				
			<u> </u>	
				
 -				
			<u> </u>	
				

September 14, 2022

The date of each amendment(s) adoption late this document was signed. September	n:	, if other than the
	14, 2022	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment f	île date)
Note: If the date inserted in this block document's effective date on the Department.	oes not meet the applicable statutory filing requent of State's records.	tirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted b action was not required.	y the incorporators, or board of directors without	t shareholder action and shareholder
☐ The amendment(s) was/were adopted h by the shareholders was/were sufficier	y the shareholders. The number of votes east for it for approval.	r the amendment(s)
	by the shareholders through voting groups. The oting group entitled to vote separately on the an	
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by	(voting group)	··
Dated 9 14/3%		
selected, by a	, president or other officer – if directors or office n incorporator – if in the hands of a receiver, trus uciary by that fiduciary)	
	(Typed or printed name of person signing)	<u> </u>
	(Title of person signing)	