P22000034637

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: V POOL INC				
DOCUMENT NUM	BER: P22000034637				
	s of Amendment and fee are si	abmitted for filing.			
Please return all corre	espondence concerning this ma	itter to the following:			
	VITOR AMADEU DE OLI	VEIRA			
	Name of Contact Person				
	V POOL INC				
		Firm/ Company			
	8766 PINEHAMMOCK CT				
		Address			
	JACKSONVILLE, FL 3222-	‡			
	City/ State and Zip Code				
	vpoolservicejax@gmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatic	on concerning this matter, plear	se call:			
VITOR AMADEU I	_	9(14 at (309 2720		
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	urtment of State:		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 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		Amend Divisio The Ce	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

V POOL INC		
(Name of Corporation P22000034637	n as currently filed with the	Florida Dept. of State)
(Docume	nt Number of Corporation (if.	known)
Pursuant to the provisions of section 607,1006, Florida 5 its Articles of Incorporation:	Statutes, this <i>Florida Profit Co</i>	orporation adopts the following amendment(s) t
A. If amending name, enter the new name of the cor	poration:	
VO HANDY PRO INC		
name must be distinguishable and contain the word "corp "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrevi	or " Co " -4 $professional$ cc	Thenew corporated" or the abbreviation "Corp.," proporation name must contain the word
B. Enter new principal office address, if applicable:		,]
(Principal office address MUST BE A STREET ADDR	<u>————</u>	
		· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
		J
		
). If amending the registered agent and/or registered	l office address in Florida, er	iter the name of the
new registered agent and/or the new registered off	fice address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
Sew Registered Agent's Signature, if changing Registo	ered Agent:	
hereby accept the appointment as registered agent. I a	m familiar with and accept the	obligations of the position.
		•

Signature of New Registered Agent, if changing

Check if applicable

 \Box 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 Do</u>	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		<u></u>		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add			-	
Remove				
4) Change		_		
Add				
Remove				
5) Change	-	_		
Add				
Remove				
6) Change		_		
Add				
Remove				

attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
	
	
	
an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	
	7-24
	

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The date of each amendment(s) adoption date this document was signed.	tion:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	k does not meet the applicable statutory filing requirements, this date will tment of State's records.	Il not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopte action was not required.	d by the incorporators, or board of directors without shareholder action and	l shareholder
The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.	
☐ The amendment(s) was/were approvement be separately provided for each	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for VITOR AMADEU DE OF	the amendment(s) was/were sufficient for approval	
-	(voting group)	
07/18/2024 Dated		
Signature Outic	a. a. alma	
(By a direct selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)	_
VIT	OR AMADEU DE OLIVEIRA	
 _	(Typed or printed name of person signing)	
PR	ESIDENT	
	(Title of person signing)	