P95000084190

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TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: LIFESTYLE POO	LS OF NAPLES, INC.	
DOCUMENT NUMI	BER: P95000084190		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	JOHN F DALY		
		Name of Contact Person	
	LIFESTYLE POOLS OF NA	PLES, INC.	
		Firm/ Company	
	5610 Yahl St Suite 2		
		Address	1.771.271
	NAPLES, FL 34109-1921		
		City/ State and Zip Code	
	johndaly@lifestylepoolsofna	ples.com	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
IOHN F DALY		at (239	_)
Name	of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	rtment 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Division The Co	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

LIFESTYLE POOLS OF NAPLES, INC

. (Name of Corporation	as currently filed with the F	lorida Dept. of State)	· · · · ·
P95000084190			
(Documer	nt Number of Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	statutes, this Florida Profit Con	rporation adopts the fol	llowing amendment(s) t
A. If amending name, enter the new name of the corp	poration:		
name must be distinguishable and contain the word "corp" "Inc.," or Co.," or the designation "Corp," "Inc," o "chartered," "professional association," or the abbrevio	or "Co". A professional coi	orporated" or the abbr poration name must o	The new eviation "Corp.," contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	PESS)		
 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered new registered agent and/or the new registered office. 	d office address in Florida, er	iter the name of the	
	nec audicess.		
	(Florida street address)		
New Registered Office Address:	(City)	, Florida	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a	tered Agent: am familiar with and accept th	e obligations of the pos	ition.
Signati	ure of New Registered Agent, ij	changing	
Check if applicable	,	Ç. O	

☐ 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)
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:

Example: X Change	<u>p</u> T	John Da	<u>oe</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	mith_	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	<u>s</u>	_	ROBERT H BARNIDGE	2383 BEAR CREEK DRIVE
Add				NAPLES, FL 34109
x Remove				
2) Change		_		
Add				
Remove Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		***		
Add				
Remove				
6) Change Add		.		

Remove

ORPORATION KNOWN AS LIFESTYLE POOLS OF NAPLES, INC.	
	. <u></u>
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) HE CORPORATION WILL PAY ROBERT BARNIDGE 2500,00 DOLLARS FOR HIS 10 SHARE	S.

	08/17/2022	
The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
	/2022	
Effective date <u>if applicable</u> :	(no more than 90 days after amen	dment file date)
	(in more man you again agree anne)	
Note: If the date inserted in this bl document's effective date on the De		ing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors	without shareholder action and shareholder
■ The amendment(s) was/were ado by the shareholders was/were su	nted by the shareholders. The number of votes ficient for approval.	east for the amendment(s)
	roved by the shareholders through voting group each voting group entitled to vote separately or	
"The number of votes cast t	or the amendment(s) was/were sufficient for a	pproval
by	F NAPLES, INC 100 % OF SHAREHOLDER	s. "
· · · · · · · · · · · · · · · · · · ·	(voting group)	 ·
08/17/2022		
Dated		
	Ale Falat	
selected	ector, provident or other officer – if directors o by an incorporator – if in the hands of a recei-	r officers have not been ver, trustee, or other court
арроли	d fiduciary by that fiduciary)	
	OHN F DALY	
·	(Typed or printed name of person signal	gning)
	PRESIDENT	
-	(Title of person signing)	