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Special Instructions to	Filina Officer:	
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SLOBBIAGY OF STATE
TALLAHASSEF, FI

A. BUTLER JUN 10 2022

COVER LETTER

TO: Amendment Section Division of Corporations

PMF NAME OF CORPORATION:	2. Inc.
P9700005 DOCUMENT NUMBER:	4597
The enclosed Articles of Amendment	and fee are submitted for filing.
Please return all correspondence conc	erning this matter to the following:
Carl G. Santang	elo
Carl G. Santang	Name of Contact Person elo, PLLC
3300 N. Federa	Firm/ Company Highway, Suite 200
Fort Lauderdale	Address , FL 33306
	City/ State and Zip Code
csantangelolaw	@aol.com
E-mail add	ress: (to be used for future annual report notification)
For further information concerning thi	s matter, please call:
Carl G. Santangelo	954 561-3040 at ()
Name of Contact Perso	
Enclosed is a check for the following a	amount made payable to the Florida Department of State:
	Tiling Fee & S43.75 Filing Fee & S52.50 Filing Fee te of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	ions Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

FILED

PMF2, Inc.		لا الما الله الله الله الله الله الله ال
(<u>Name of Corporati</u> 1297(000054597	ion as currently filed with the Florid	12211-5R 25 talen 11: 15
	<u> </u>	SCRETARY OF STATE
(Docum	nent Number of Corporation (if know	MALLAHASSEE, FL.
Pursuant to the provisions of section 607.1006. Floridates Articles of Incorporation:	a Statutes, this Florida Profit Corpor	ation adopts the following amendment
A. If amending name, enter the new name of the co Breezy Palm Pools, Inc.	orporation:	
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre	" or "Co". A professional corpore	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>DX</u>)	
D. If amending the registered agent and/or registenew registered agent and/or the new registered		the name of the
Name of New Registered Agent		
	(Florida street address)	
	(1 (oriaa sireet adaress)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg Thereby accept the appointment as registered agent.		ligations of the position.
Sione	ature of New Registered Agent, if cha	nging
· · · · · · · · · · · · · · · · · · ·	y : 1 - 1	G ()

Check if applicable

☐ 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>e</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change				
		-		
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4) Change				
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6) Change		_		_
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(Attach a	ling or adding addition ditional sheets, if neco	issary). (Be speci	ific)		
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If an arm	andmost asserted for			anllation of bound	ah a wa
provisi	endment provides for ons for implementing	the amendment if	not contained in t	ne amendment itsel	<u>snares.</u> <u>f:</u>
(if	ot applicable, indicate	N/A)			_
					
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		-			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action a action was not required.	and shareholder
☐ 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)	
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)	
(Typed or printed name of person signing)	
Resident	
(Title of person signing)	