## P06000080655

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SECRETARY OF CORPORATIONS

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: youcasa corp		
DOCUMENT NUMBER: P06000080655		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
rossana massaro		
	Name of Contact Person	n
5502 acres some de	Firm/ Company	- <del>11</del>
5582 cape aqua dr		
Sarasota Fl 34242	Address	
	City/ State and Zip Cod	е
jordonez04@gmail.com		
E-mail address: (to be us	ed for future annual report	notification)
For further information concerning this matter, pleas	e cail:	
rossana massaro	786 at (	610 8760
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:
\$35 Filing Fee \$\times \text{\$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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

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## Articles of Amendment to Articles of Incorporation of

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youcasa corp			720
P06000080655	of Corporation as curren	tly filed with the Florida Dept. of State)	e.
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment	t(s) to
A. If amending name, enter the new na	ame of the corporation:		
	······································	The new	
	nation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."	
		5582 cape aqua dr	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		Sarasota Fl 34242	
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)		5582 cape aqua dr	
		Sarasota Fl 34242	
D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	nd/or registered office addresses Rossana Massaro  5582 cape aqua dr	iress in Florida, enter the name of the	
		treet address)	
New Registered Office Address:	Sarasota Fl	34242 , Florida	
		(City) (Zip Code)	
New Registered Agent's Signature, if c		n <u>t:</u> with and accept the obligations of the position.	
	Signature of New	Registered Agent, if changing	

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.

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	Jaime Ordonez	500 BAYVIEW DRIVE
Add	<u> </u>		NORTH MIAMI BEACH,
x Remove			FL 33160
2) Change	P	Rossana Massaro	5582 cape aqua dr
x Add			Sarasota Fl 34242
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			<del></del>

. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)				
<del></del>				
pro	amendment provides for an exchange, reclassification, or cancellation of issued shares, isions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate N/A)			

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 document's effective date on the Department of State's records.	this date	will not b	e listed as the
Adoption of Amendment(s) (CHECK ONE)			•
[] The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	dment(s)		
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	statement (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.	archolder		,
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	older		
Dated 10. 24. 2016.	` .		
Signature POSSENGMOSSOO.	•		
(By a director, president or other officer – if directors or officers have n selected, by an incorporator – if in the hands of a receiver, trustee, or ot appointed fiduciary by that fiduciary)			. · .
Rossona Massaro.	٠.		
(Typed or printed name of person signing)		;	
Resident			
(Title of person signing)			