M17000000835

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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Yo Miami Permaner NAME OF CORPORATION:	nt Collection Inc		
N17000000835 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
Yuval Ofir			
	(Name of Contact Per	rson)	
Yo Miami Permanent Collection Inc			
	(Firm/ Company)		
1900 N Bayshore Dr. Apt 2018			
	(Address)		
Miami, FL 33132			
	(City/ State and Zip C	ode)	
yuval@yo-miami.com			
E-mail address: (to be used	I for future annual repo	ort notification	1)
For further information concerning this matter, please	call:		
Yuval Offr		786	766 1305
(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida D	epartment of	State:
■ \$35 Filing Fee	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	D Filing Fee icate of Status ied Copy tional Copy is ised)
Mailing Address Amendment Section		et Address endment Secti	ion
Division of Corporations	Division of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment to Articles of Incorporation of

Yo Miami Permanent Collection Inc. (Name of Corporation as currently filed with the Florida Dept. of State) N17000000835 (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Yo Miami Creative Collective Inc. name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address: Florida (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar 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.

Example: X Change X Remove X Add	PT V SV	John Do Mike Jo Sally Sr	<u>ones</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change Add				
Remove				
2) Change Add		_		
Remove 3) Change Add Remove		-	 	
4) Change Add		_		
Remove			-	
5) Change And		_		
Remove			<u>-</u>	
6) Change Add				<u> </u>
Remove				
(attach additional shee			cles, enter change(s) here: (Be specific)	
N/A		 -		

• •	
	
	
	
The date of each amendment(s) a	doption:, if other than
date this document was signed.	
Effective data if applicable.	
Effective date if appricable:	(no more than 90 days after amendment file date)
	ock does not meet the applicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were a was/were sufficient for approv	dopted by the members and the number of votes cast for the amendment(s) al.

Dated	05/01/25
Signatur	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Yuval Ofir
	(Typed or printed name of person signing)
	President
	(Title of person signing)

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were

adopted by the board of directors.