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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Yotolon			
DOCUMENT NUMBER: N22000004387			
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
Viviana L Jaramillo			
	(Name of Contact Person	n)	
	(Firm/ Company)		
PO BOX 362			
	(Address)		
Belleview FL 34421			
	(City/ State and Zip Cod	c)	
info@yotolon.org	y-ny		
E-mail address: (to be used	d for future annual report	notification)
For further information concerning this matter, please	call:		
Viviana L Jaramillo	at		305 519-6909
(Name of Contact Person		ea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made pa	ayable to the Florida Depa	artment of S	State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy ional Copy is sed)
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Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

Yotolon, Inc.

2022 JUN 15 PM 12 12

(Name of Corporation as currently filed with the	Florida Dept. of State)	- σ _ε τ ,
(Docume	ent Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Flori- amendment(s) to its Articles of Incorporation:	da Statutes, this Florida Not Fo	or Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
N/A		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	"corporation" or "incorporated	
B. Enter new principal office address, if applicab	le:	
(Principal office address MUST BE A STREET AD	DDRESS) 6083 SE 99th PL	-
	Belleview FL 34420	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<i>ox</i>) N/A	
D. If amending the registered agent and/or regist	ered office address in Florida.	enter the name of the
new registered agent and/or the new registered		
Name of New Registered Agent:		
•	6083 SE 99th PL	
_	(FI	orida street address)
New Registered Office Address:		
	Belleview	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		the obligations of the position.
	Signature of New Regist	and dant if showing

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 John I V Mike SV Sally	Jones .	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) X Change Add Remove	D	Viviana Jaramillo	6083 SE 99th PL Belleview, FL34420
2) Change Add	<u>D</u>	Steven B Buteau	604 Fisher Rd Winter Springs, FL 32708
Remove 3) Change Add X Remove	<u>D</u>	Jaret Lance Brooks	20082 W Key Dr Boca Raton FL 33-498
4) Change Add			
Remove 5) Change Add		4.57 ()	
6) Change Add			
E. If amending or addin (attach additional sheet		ticles, enter change(s) here: (Be specific)	
N/A			

		
		
		
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the date of each amendment(s) ado date this document was signed.	ption:	if other than the
	7, 2022	
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 Department.	k does not meet the applicable statutory filing requirements, this date will no artment of State's records.	t be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add was/were sufficient for approval.	pted by the members and the number of votes cast for the amendment(s)	

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 6/7/2022
Signature (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)
William McArdle Jr
(Typed or printed name of person signing)
President/ Director
(Title of person signing)