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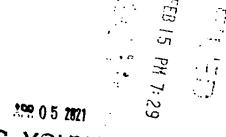
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S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: YOUNG SOVERE	INGNTY, INC.			
DOCUMENT NUMI					
The enclosed Articles	of Amendment and fee are sul	omitted for filing.			
Please return all corre	spondence concerning this mat	ter to the following:			
	TINIA YOUNG				
		Name of Contact Person	1		
	YOUNG SOVEREINGNTY INC				
		Firm/ Company			
	2351 W ATLANTIC BLVD #668713				
	Address				
	POMPANO BEACH, FL 33066				
		City/ State and Zip Code	?		
	TINIAYOUNG@AOL.COM				
	E-mail address: (to be us	ed for future annual report	notification)		
For further information concerning this matter, please call:					
TINIA YOUNG		954 at (695-9233		
Name of Contact Person		Area Coo	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	artment 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, F1, 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ussee, F1, 32303		

Articles of Amendment to Articles of Incorporation of

YOUNG SOVEREINGNTY, INC.

(Name)	of Corporation as curren	the filed with the Florid	Dant of State)	
P05000027117	or Corporation as curren	ay med with the Florid	a pept. or state)	
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006. Florida Statutes, this	s Florida Profit Corpora	tion adopts the following	ng amendment(s)
A. If amending name, enter the new n	ame of the corporation:			
YOUNG SOVEREIGNTY INC.				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc," or "Co".	A professional corpora		ion "Corp ,"
B. Enter new principal office address,	if applicable:	N/A		
(Principal office address MUST BE A S				202
				
			· ·	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A		ပၢ
(Stuting dudress STAT BL AT UST	OFFICE BOX			=======================================
			·:	-i ·'
				29
D. If amending the registered agent ar	nd/or registered office add	dress in Florida, enter t	he name of the	
new registered agent and/or the ne				
Name of New Registered Agent	N/A			_
	(Florida s	treet address)		_
New Registered Office Address:	N/A		. Florida	
		(City)	(Zip	Code)
Name Descriptional Agency Street and Street	honeim Designad Acces			
New Registered Agent's Signature, if c I hereby accept the appointment as regis	nanging Registered Agen tered agent. I am familiar	<u>u:</u> · with and accept the obli	gations of the position.	
	Cianana a CV	Registered Agent, if char		_
	мунаште ој леж	кедімегей Адет, і <i>ј с</i> иаг	gug	

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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amending or adding additional Articles, enter change(s) here</u> : (Attach additional sheets, if necessary) (Be specific)					
!/A					
					
				•	
			 -		
					.
					
				-	
If an amei	ndment provides for a	n exchange, reclassif	ication, or cancellat	ion of issued shares,	
provision	ns for implementing th	e amendment if not c	ontained in the ame	endment itself:	
	ot applicable, indicate N	7A)			
'A					
					- · — -

•

	January 27, 2021	
The date of each amendment(date this document was signed.	s) adoption:	if other than the
	January 27, 2021	
Effective date <u>if applicable</u> :	(no more than !	90 days after amendment file date)
	nis block does not meet the applied Department of State's records.	cable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or	board of directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/we	•	ne number of votes cast for the amendment(s)
		rough voting groups. The following statement vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/w	ere sufficient for approval
by		<u> </u>
	(voting group)	
Dated Signature	Jan Hy Deeld	
se		icer – if directors or officers have not been ne hands of a receiver, trustee, or other court
	Tinia W Young	
	(Typed or printed	name of person signing)
	CEO	
	(Title of person s	igning)