## P05000088421

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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July 26, 2019

SILVIA VILA 1116 CEDAR FALS DR WESTON, FL 33327

SUBJECT: POLICE TRADING INC Ref. Number: P05000088421

We have received your document for POLICE TRADING INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

RECEIVED DEC 0 6 2019

Letter Number: 519A00015276



December 12, 2019

SILVIA VILA 1116 CEDAR FALS DR WESTON, FL 33327

SUBJECT: POLICE TRADING INC Ref. Number: P05000088421

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

PLEASE RETAIN THE ENCLOSED CHECK. THE FEE WAS PAID THE FIRST TIME YOUR DOCUMENT WAS SUBMITTED FOR FILING.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 819A00025244

www.sunbiz.org

## **COVER LETTER**

A STATE OF STATE

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: POLICE TRADIN	NG INC				
DOCUMENT NUMBER: P05000088421					
The enclosed Articles of Amendment and fee are so	ubmitted for filing.	-			
Please return all correspondence concerning this ma	atter to the following:				
SILVIA VILA					
	Name of Contact Person	1			
ELAN BUSINESS SERVIC	ELAN BUSINESS SERVICES, CORP				
	Firm/ Company				
1116 CEDAR FALS DR					
	Address				
WEWSTON, FL 33327					
	City/ State and Zip Cod	e			
SVILA@ELANSERICE.COM					
E-mail address: (to be u	ised for future annual report	notification)			
For further information concerning this matter, plea	ise call:				
SILVIA VIIA	at (	2176080			
Name of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount made	payable to the Florida Depa	ortment of State:			
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	□\$43.75 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	Amend Divisio Clifton	Address ment Section n of Corporations Building			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

POLICE TRADING INC

( <u>Name of Corporatio</u>	m as currently filed with the Florida Dept, of State)	
P05000088421		
(Docume	ent Number of Corporation (if known)	,
Pursuant to the provisions of section 607,1006, Floridalits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following	; amendment(s) t
A. If amending name, enter the new name of the cor	rporation:	
YABI INVESTMENTS	SITUC	The new
	rporation," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain	- n "Corp.,"
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADD)</u>		- <del></del>
		7 Vi
2. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON	V,	¥ Sign
	<u> </u>	- 6
		<del></del>
		## 유튜
D. If amending the registered agent and/or registere		# <u>4</u>
new registered agent and/or the new registered o	office address:	•
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	Florida	
•	(City) (Zip C	ode)
·		
New Registered Agent's Signature, if changing Regis	stered Agent:	
Thereby accept the appointment as registered agent. $J$	am familiar with and accept the obligations of the position.	
Signat	ture 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change			
Add			<del></del>
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
. Remove			
5) Change			
Add			
Remove			
6) Changa			
6) Change			
Add			
Remove			

f an amendment provides for an exchange, reclassification, or cancellation of issued shaprovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
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, _ <del></del>	

The date of each amendment(s) adoption: 12 20 20 (c) date this document was signed.	, if other than the
Effective date if applicable: 12 20 2019	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	vent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	ler
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 12/20/2019 Signature Source de alemande de Source De la company de	
alland do alimal manie	
(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 couppointed fiduciary by that fiduciary)	
AMPARO LOPEZ	
(Typed or printed name of person signing)	<del></del>
PRESIDENT .	
(Title of person signing)	