P060000004124

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: | Yellow Deck Services Lorp.

DOCUMENT NUMBER: | P0600004124

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mario Trevilla	
Name of Contact Person	
Yellow DECK Services Lorp	
Firm/ Company	
P.O. Box 164222	
Address	
Miami, FL 33116	
City/ State and Zip Code	
Mario Quellowdeck, Com E-mail address: (to be used for future annual report notification)	V
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Mario Trevilla at (305) 776 - 0799

Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

□ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing

Certificate of Status

Certified Copy
(Additional copy is enclosed)

Certified Copy
(Additional Copy is enclosed)

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

Articles of Amendment

to

Articles of Incorporation

of

Yellow (Name of Corpor	Deck Serv					
Pou	60000041	14				
(Do	cument Number of Co	rporation (if know	n)			
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Flo</i>	rida Profit Corpor	ation adopts the fo	llowing amer	dment((s) to
A. If amending name, enter the new name of the	e corporation:					
				The		
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	orp," "Inc," or "Co	. A professional				
B. Enter new principal office address, if applica	able:	4402 N	W 74th A	ve		
(Principal office address MUST BE A STREET A			FL 3316			
	-					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)						
	_				\ \ 2	FII
				7		ILED
D. If amending the registered agent and/or reginew registered agent and/or the new register		in Florida, enter	the name of the		平10:31	O
Name of New Registered Agent Agen	it is not Chanc	jing.				
44	102 NW 74m	Ave				
	(Florida street					
New Registered Office Address:	Miami		Florida			
	(Ci	(37)		(Zip Code)		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ager		and accept the ob-	ligations of the po:	sition,		
.5	Signature of New Regi	stered Agent, if che	mging			

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	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<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			

	icles, enter change(s) here: (Be specific)
· · · · · · · · · · · · · · · · · · ·	
	<u> </u>
-	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares.
provisions for implementing the ame	ndment if not contained in the amendment itself:
provisions for implementing the able	
(if not applicable, indicate N/A)	

The date of each amendment(s) a date this document was signed.	doption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☑ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes east for the amendment(s) ifficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes east	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
Dated 5	18/2018
	18/2018
selecte	lirector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ited fiduciary by that fiduciary)
	Mario Trevilla
	(Typed or printed name of person signing)
	President
	(Title of person signing)