

Division of Corporations **Electronic Filing Cover Sheet**

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COR AMND/RESTATE/CORRECT OR O/D RESIGN YUMURI DUMP TRUCK INC

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Corporate Filing Menu

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To:18506176380

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Articles of Incorporation of

YUMURI 1	DUMP TRU	ck INC _	
(Name of Corporation as curren	ntly filed with the Florid	da Dept. of State)	
<u> </u>	24199		
(Document Numi	ber of Corporation (if kn	own)	
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	, Florida Statutes, this I	Florida Profit Corporation &	dopts the following
A. If amending name, enter the new name of	the corporation:		
YUMURI ENTE	RPRISES.	INC.	The new
name must be distinguishable and contain it abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "professional abbreviation".	designation "Corp." "In	ic." or "Co". A professiona	ated" or the I corporation
B. Enter new principal office address, if appli			
(Principal office address MUST BE A STREET	(ADDRESS)		
	<u> </u>		
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFIC			
			
D. If amending the registered agent and/or re new registered agent and/or the new registered		in Fiorida, enter the name o	[the
Name of New Registered Agent:			
New Registered Office Address:	(Florida street	address)	
		. Florida	
-	(City)	(Zip Cods)	
New Registered Agent's Signature, if changing	- D4 A	· •	
I hereby accept the appointment as registered ag		and accept the obligations of	the position.
	•		•
Si	gnature of New Registers	ed Agent, if changing	
	e com a recommendador		
			\Box

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M11000100258

FROM Del Prado Medical Center Inc. H 1 1 0 6 APR 0 5 6 8 90/ST. 13:08/No. 6800011661 P 6

em oved and	d title, name, and address	of each Officer and/or Director being	<u>added:</u>
Asserve additi	tional sheets, if necessary)		
<u>itle</u>	<u>Name</u>	Address	Type of Action
		<u> </u>	
			☐ Remove
-			Add Remove
	•	······································	LI REMOVE
If smend	ing or adding additional	Articles, anter change(s) here:	
(attach ad	ditional sheets, if necessa	y). (Be specific)	
		•	
			<u> </u>

	·		
			W
. If an aw	endment provider for an	exchange, reclassification, or cancellat	ion of issued shares.
<u>provisio</u>	as for implementing the	amendment if not contained in the ame	ndment itself;
(if no	ot applicable, indicate N/A)	
<u> </u>			
			·

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FROM	Del Prado Medical Center Inc. 11 1 00 11 150 0 250 T. 13:08/No. 6800011661 P	7
	The dite of each amendment(s) adoption:	
	(date of beforeign is required)	
	Effective date if applicable: (no more than 90 days after amendment file date)	
	(no more than 90 tays after amenument file title)	
	Adoption of Amendment(s) (CHECK ONE)	
	by the shareholders was/were sufficient for approval.	
	The amendment(s) was/were approved by the shareholders through voting groups. The following statement west be separately provided for 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)	
	 ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder 	
	action was not required.	
	Dated 4/3/11	
	Signature Malacallanat	
	(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 court appointed fiduciary by that fiduciary)	
	appointed inductary by that inductary)	
	Moises Clorand	
	(Typed or printed name of person signing)	
	Pres. dert	
	(Title of person signing)	

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