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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: YANN CH	OCOLATE-IMPC	ORTING, INC
DOCUMENT NUMBER: P0600007254		
The enclosed Articles of Amendment and fee are se	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
BRIAN PRZYST	UP	
 	Name of Contact Person	1
BRIAN PRZYST	UP & ASSOCIA	TES LLC
	Firm/ Company	
1800 NORTH BA	AYSHORE DR A	PT 2614
	Address	
MIAMI, FL 33132	2	
	City/ State and Zip Cod	e
MIA1040TAX@YAH	IOO.COM	
E-mail address: (to be u	used for future annual report	notification)
For further information concerning this matter, please	ise call:	
BRIAN PRZYSTUP	at (305	, 3715131
Name of Contact Person Area Code & Daytime Telephone N		de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depo	artment of State:
■ \$35 Filing Fee	□\$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	Ameno	Address Iment Section on of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment Articles of Incorporation

YANN CHOCOLATES-IMPORTING, INC

(Name of Corporation as currently filed with the Florida Dept. of State) P06000072549

endment(s) to

13 SEP -6 PH 4: 12

(Document Number	of Corporation (if known)		-
Pursuant to the provisions of section 607,1006. Flor its Articles of Incorporation:	ida Statutes, this <i>Florida</i>	Profit Corporation adop	ts the followin	g amendme
A. If amending name, enter the new name of the	corporation:			
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or the	rp," "Inc," or "Co". A	mpany." or "incorpora professional corporatio	ted" or the a on name must	_The new bbreviation contain the
B. Enter new principal office address, if applical	hle:			
(Principal office address MUST BE A STREET A				-
				- #
				E E E
				- 놀∷ 날
C. Enter new mailing address, if applicable:				- 3532 · 1
(Mailing address <u>MAY BE A POST OFFICE E</u>	<u></u>			- <u>XXX</u> •
				[편유 :
	····			- T S
				_ 윤턴 1
D. If amending the registered agent and/or regis	tered office address in F	larids, enter the name	of the	Dmi A
new registered agent and/or the new registere		torium cincer inc manie	<u> </u>	
Name of New Registered Agent				
	(Florida street addre	255)		
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	-
New Registered Agent's Signature, if changing R				
I hereby accept the appointment as registered agent	t. I am familiar with and	accept the obligations of	f the position.	
Signature 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 <math>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> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	te Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VPD	CALDERON, NURY ORTIZ	1800 NORTH BAYSHORE DR APT 2614
Add			MIAMI, FL 33132
X Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			-
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
* .	
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	AND THE PROPERTY OF THE PROPER

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast 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 09/03/2013	
Signature May Ording Calder	
(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)	
CALDERON, NURY ORTIZ	
(Typed or printed name of person signing)	
VICE PRESIDENT	
(Title of person signing)	