P06000103912

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COVER LETTER

TO: Amendment Sec Division of Corp		,	, *				
NAME OF CORPO	RATION: Darrell York & As	sociates, Inc.					
DOCUMENT NUMBER: P06000103912							
The enclosed Articles	of Amendment and fee are su	bmitted for filing.					
Please return all correspondence concerning this matter to the following:							
	Darrell York						
		Name of Contact Person	1				
	Darrell York & Associates, Ir	nc.					
	Firm/ Company						
	2242 Baker Ave.						
	Address						
	Orlando, FL 32833						
		City/ State and Zip Code	2				
	dyaincs@gmail.com						
	E-mail address: (to be us	sed for future annual report	notification)				
For further information	n concerning this matter, pleas	se call:					
Darrell York		at (456-9793				
Name	of Contact Person		de & Daytime Telephone Number				
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:				
\$35 Filing Fee	S43.75 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	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee				

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

Darrell York & Associates, Inc.

2022 27 PH 9-00

(<u>Name</u>	of Corporation as current	tly filed with the Florida Dept. of State)
P06000103912		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:	
N/A		The new
	Corp," "Inc," or "Co".	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:		N/A
(Principal office address MUST BE A S		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A
D. If amending the registered agent as		
new registered agent and/or the ne		<u>s:</u>
Name of New Registered Agent	N/A	
	(Florida si	reet address)
New Registered Office Address:	N/A	. Florida N/A
New Registered Office Maress.		(City) (Zip Code)
New Registered Agent's Signature, if of		<u>t:</u> with and accept the obligations of the position.
r nevery accept the appointment as regis.	ierea ageni. Tam jamiliar	with that accept the obligations of the position.
	Signature of New I	Registered Agent, if changing
a		

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) X Change	<u>v</u>	Susan M. York	2242 Baker Ave
Add			Orlando, FL 32833
Remove			
2) X Change	PDS	Darrell L. York	2242 Baker Ave.
Add			Orlando, FL 32833
Remove 3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			···
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
i/A	
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
A	

.

	N/A	
The date of each amendment(s) ad	loption:	, if other than the
date this document was signed.		
N/A Effective date <u>if applicable</u> :		
Effective date <u>ii applicable</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date venture of State's records.	vill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action a	nd shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) efficient for approval.	
	roved by the shareholders through voting groups. The following statement 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 N/A	. "	
,	(voting group)	
4/22/20		
Dated		
Signature	usen M. Unk-	
	rector, president or other officer - if directors or officers have not been	
	1, by an incorporator – if in the hands of a receiver, trustee, or other court	
appoint	ed fiduciary by that fiduciary)	
	Susan M. York	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person signing)	