P.07000038229

(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Yosbel Bus	scaron C	orp		
DOCUMENT NUMI	BER: <u>P07000038229</u>			,	
The enclosed Articles	of Amendment and fee a	re submitte	d for filin	g.	
Please return all corre	spondence concerning thi	s matter to	the follow	ving:	
		osbel Busca		 .	
	(Name o	of Contact Pe	rson)		
	Yosbel Buscaron Corp				
	(Firm/ Company)				
		NW 77th C	t, # 190		
		(Address)			
		ni Lakes, FL tate and Zip (
For further information	on concerning this matter,	_	,		
Yosbel Buscaron		at (305)	420 - 6347	
(Name of	Contact Person)		(Area Code	& Daytime T	elephone Number)
Enclosed is a check for	or the following amount n	nade payabl	le to the F	lorida Depai	tment of State:
✓ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	Cer (Ad	.75 Filing Fi tified Copy Iditional cop closed)		\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Added Amendment Solvision of Control P.O. Box 632° Tallahassee, F	section orporations 7	Amer Divisi Clifto 2661	n Buildin	etion porations g : Center Circ	ile

Articles of Amendment to Articles of Incorporation of

Yosbel Buscaron C	orp	
(Name of Corporation as currently filed with t	he Florida Dept. of State	<u>;)</u>
P07000038229		SE(
(Document Number of Corporati	on (if known)	APR LANCE
Pursuant to the provisions of section 607.1006, Florida Statut following amendment(s) to its Articles of Incorporation:	es, this <i>Florida Profit C</i>	orporagon adopts the
A. If amending name, enter the new name of the corporation	<u>ı:</u>	
LF & YB, Corp		REATE 5
The new name must be distinguishable and contain the "incorporated" or the abbreviation "Corp.," "Inc.," or Co. "Co". A professional corporation name must contain association," or the abbreviation "P.A."	," or the designation "C	orp," "Inc," or
B. Enter new principal office address, if applicable:	15476 NW 77th Ct, # 19	0
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	_Miami Lakes FL 33016	+
(Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office	address in Florida, ente	r the name of the
new registered agent and/or the new registered office add		
Name of New Registered Agent:		
New Registered Office Address: (Flori	ida street address)	-
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am position.	gent: familiar with and accept	the obligations of the
Signature of New	Registered Agent, if chan	nging

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
CFO/VP	Lazaro M. Fernandez	15476 NW 77th Ct, # 190 Miami Lakes, FL 33016	
<u>P</u>	Yosbel Buscaron	19044 NW 80 Ct Miami, FL 33015	Add Add Remove
CEO/P	Yosbel Buscaron	15476 NW 77th Ct, # 190 Miami Lakes, FL 33016	
	ding or adding additional Articles. dditional sheets, if necessary). (Bo		
provisi		ge, reclassification, or cancellation of tent if not contained in the amendme	