## P07000/35380

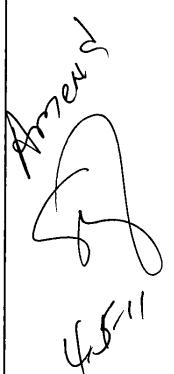
| (Re                     | equestor's Name)   |                 |
|-------------------------|--------------------|-----------------|
| (Ac                     | ldress)            |                 |
| (Ac                     | idress)            | <del></del>     |
| (Cit                    | ty/State/Zip/Phone | <del>+</del> #) |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO                                                                 | RATION:                                                              | YMF CORP                                                                                                                      |  |  |  |  |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| DOCUMENT NUM                                                                  | BER:                                                                 | P07000135380                                                                                                                  |  |  |  |  |
| The enclosed Articles                                                         | The enclosed Articles of Amendment and fee are submitted for filing. |                                                                                                                               |  |  |  |  |
| Please return all corre                                                       | espondence concerning this                                           | s matter to the following:                                                                                                    |  |  |  |  |
|                                                                               | YOLANDA FERRER                                                       |                                                                                                                               |  |  |  |  |
| Name of Contact Person                                                        |                                                                      | ame of Contact Person                                                                                                         |  |  |  |  |
|                                                                               |                                                                      | YMF CORP                                                                                                                      |  |  |  |  |
| Firm/ Company                                                                 |                                                                      |                                                                                                                               |  |  |  |  |
|                                                                               |                                                                      |                                                                                                                               |  |  |  |  |
|                                                                               | 13378 SW 282 ST Address                                              |                                                                                                                               |  |  |  |  |
| Additos                                                                       |                                                                      |                                                                                                                               |  |  |  |  |
| -                                                                             |                                                                      | MESTEAD, FL 33033                                                                                                             |  |  |  |  |
| City/ State and Zip Code                                                      |                                                                      |                                                                                                                               |  |  |  |  |
|                                                                               | yoli112<br>E-mail address: (to be use                                | 25@yahoo.com I for future annual report notification)                                                                         |  |  |  |  |
|                                                                               | · ·                                                                  | •                                                                                                                             |  |  |  |  |
| For further information                                                       | on concerning this matter,                                           | please call:                                                                                                                  |  |  |  |  |
|                                                                               | NDA FERRER                                                           | at ( <u>305</u> ) <u>3946271</u>                                                                                              |  |  |  |  |
| Name of                                                                       | Contact Person                                                       | Area Code & Daytime Telephone Number                                                                                          |  |  |  |  |
| Enclosed is a check f                                                         | or the following amount m                                            | ade payable to the Florida Department of State:                                                                               |  |  |  |  |
| <b>S</b> \$35 Filing Fee                                                      | ☐ \$43.75 Filing Fee & Certificate of Status                         | Certified Copy (Additional copy is enclosed)  (Additional Copy is enclosed)  (Additional Copy is enclosed)                    |  |  |  |  |
| Mailing Add<br>Amendment S<br>Division of C<br>P.O. Box 632<br>Tallahassee, I | Section<br>orporations<br>7                                          | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |  |  |  |  |

## Articles of Amendment to Articles of Incorporation

## Articles of Incorporation of YMF CORP (Name of Corporation as currently filed with the Florida Dept. of State) P07000135380 (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

|                                                                                                                               | N/A                                                                          | The n                                 |
|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------|
| ame must be distinguishable and conta<br>bbreviation "Corp.," "Inc.," or Co.," or<br>ame must contain the word "chartered," " | the designation "Corp," "Inc," or "Co                                        | ". A professional corporati           |
| s. Enter new principal office address, if a<br>Principal office address <u>MUST BE A STR</u>                                  | applicable: N/A REET ADDRESS )                                               |                                       |
| C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF                                                    |                                                                              |                                       |
|                                                                                                                               |                                                                              |                                       |
| . If amending the registered agent and/new registered agent and/or the new r                                                  |                                                                              | enter the name of the                 |
| D. If amending the registered agent and/new registered agent and/or the new registered of New Registered Agent:               |                                                                              | enter the name of the                 |
| new registered agent and/or the new r                                                                                         | registered office address:                                                   | enter the name of the                 |
| new registered agent and/or the new r                                                                                         | YOLANDA FERRER                                                               | enter the name of the                 |
| new registered agent and/or the new r  Name of New Registered Agent:                                                          | YOLANDA FERRER  13378 SW 282 ST                                              | enter the name of the , Florida 33033 |
| new registered agent and/or the new r  Name of New Registered Agent:                                                          | YOLANDA FERRER  13378 SW 282 ST  (Florida street address)  HOMESTEAD         |                                       |
| new registered agent and/or the new r  Name of New Registered Agent:                                                          | YOLANDA FERRER  13378 SW 282 ST  (Florida street address)  HOMESTEAD  (City) | , Florida 33033                       |

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>                                                      | <u>Address</u>                         | Type of Action    |
|------------------|------------------------------------------------------------------|----------------------------------------|-------------------|
| DPS              | YOLANDA ECHEVARRIA                                               | 13378 SW 282 ST<br>HOMESTEAD, FL 33033 |                   |
| DPS              | YOLANDA FERRER                                                   | 13378 SW 282 ST<br>HOMESTEAD, FL 33033 | ☑ Add<br>☐ Remove |
|                  |                                                                  |                                        |                   |
| (attach a<br>N/A | dditional sheets, if necessary). (Be spe                         | cific)                                 |                   |
|                  |                                                                  |                                        |                   |
| F. <u>Ifana</u>  | mendment provides for an exchange, r                             | eclassification, or cancellation of    | issued shares,    |
|                  | ons for implementing the amendment not applicable, indicate N/A) | if not contained in the amendme        | <u>nt itself:</u> |
| N/A              |                                                                  |                                        |                   |
|                  |                                                                  |                                        |                   |
|                  |                                                                  |                                        |                   |
|                  |                                                                  |                                        |                   |
| _ ~~             |                                                                  |                                        |                   |
|                  |                                                                  |                                        | <u> </u>          |

| The date of each amendmen                            | it(s) adoption; <u>04</u>               | 1/02/2011                                                                                                                                          |
|------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date if applicable:                        | 0410010044                              | (date of adoption is required)                                                                                                                     |
| Enective date in applicable.                         |                                         | 00 days after amendment file date)                                                                                                                 |
| Adoption of Amendment(s)                             | (CH                                     | (ECK ONE)                                                                                                                                          |
| The amendment(s) was/w<br>by the shareholders was/w  |                                         | shareholders. The number of votes cast for the amendment(s) approval.                                                                              |
| The amendment(s) was/w<br>must be separately provide | ere approved by the led for each voting | ne shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):                              |
| "The number of votes                                 | s cast for the amen                     | idment(s) was/were sufficient for approval                                                                                                         |
| by                                                   | <u></u>                                 | 99                                                                                                                                                 |
|                                                      | (voting group)                          |                                                                                                                                                    |
| ☑ The amendment(s) was/w action was not required.    | ere adopted by the                      | e board of directors without shareholder action and shareholder                                                                                    |
| The amendment(s) was/w action was not required.      | ere adopted by the                      | e incorporators without shareholder action and shareholder                                                                                         |
| Dated_04/                                            | 02/2011                                 |                                                                                                                                                    |
| Signature _                                          | <i>-</i>                                | VERD                                                                                                                                               |
| (B                                                   | y a director, presid                    | dent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court by that fiduciary) |
|                                                      |                                         | YOLANDA ECHEVARRIA                                                                                                                                 |
|                                                      | (Ty                                     | ped or printed name of person signing)                                                                                                             |
|                                                      |                                         | DPS                                                                                                                                                |
|                                                      | (Title o                                | of person signing)                                                                                                                                 |