## P08000010234

| (Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL |
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SECRETARY OF STATE TALLAR SECRETARY OF STATE

Amend

APR 16 2014

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T. CARTER



RECEIVER 14 APR I,1 AM 9:03

## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 19, 2014

JUAN CARLOS GIRALDO YALE MANAGEMENT CORP 565 NW 129 WAY PEMBROKE PINES, FL 33028 US

SUBJECT: YALE MANAGEMENT CORP

Ref. Number: P08000010234

We have received your document for YALE MANAGEMENT CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the correct name of your entity is as it appears on the enclosed computer printout. If you wish to amend your name, please see the enclosed information for fees and instructions. Otherwise, the name must be corrected throughout your document.

The date of adoption of each amendment must be included in the document.

Please enter the date the document was signed on page 4.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter Regulatory Specialist

Letter Number: 314A00005895

## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Yale Management Corporation DOCUMENT NUMBER: P08000010234 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JUAN CARLOS GIRALDO Name of Contact Person YALE MANAGEMENT CORP Firm/ Company 565 NW 129 WAY Address PEMBROKE PINES, FL 33028 City/ State and Zip Code juangrld@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Juan C Giraldo Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation of



14 APR 11 PH 2:48

| Yale Management Corp   |                    | , | ·                       |         |
|--|--------------------|---|-------------------------|---------|
| (Name of Corporation as currently f  | iled with the Flo  | rida Dept. of State)                    |                         |         |
| P08000010234   |                    |   |                         |         |
| (Document Number of  | Corporation (if I  | (nown)                                  |                         |         |
| Pursuant to the provisions of section 607.1006, Floridate Articles of Incorporation:   | a Statutes, this F | orida Profit Corporation ac             | lopts the following amo | endment |
| A. If amending name, enter the new name of the co  | orporation:        |   |                         |         |
|  |                    |   | The                     | new     |
| name must be distinguishable and contain the wor<br>"Corp.," "Inc.," or Co.," or the designation "Corp<br>word "chartered," "professional association," or the | ," "Inc," or "C    | o". A professional corpora              |                         |         |
| B. Enter new principal office address, if applicable   |                    |   |                         |         |
| Principal office address <u>MUST BE A STREET ADI</u>   | <u>ORESS</u> )     |   |                         |         |
|  |                    |   |                         |         |
|  |                    |   |                         |         |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO  | <b>(V</b> )        |   |                         |         |
| (Malling dadress MAT BE A FOST OFFICE BO   | ( <u>A</u> )       |   |                         |         |
|  |                    |   |                         |         |
|  |                    |   |                         |         |
| D. If amending the registered agent and/or registenew registered agent and/or the new registered   |                    | ss in Florida, enter the nan            | ne of the               |         |
| Name of New Registered Agent   |                    |   |                         |         |
| <del>-</del>   |                    |   |                         |         |
|  | (Florida stree     | t address)                              |                         |         |
| New Registered Office Address:   |                    | , Florida                               |                         | •       |
|  | (City)             |   | (Zip Code)              |         |
|  |                    |   |                         |         |
|  |                    |   |                         |         |
| New Registered Agent's Signature, if changing Reg<br>I hereby accept the appointment as registered agent.  |                    | th and accept the obligation            | s of 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 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.

| Example: X Change             | <u>PT</u> | John Do      | <u>oe</u>           |                 |
|-------------------------------|-----------|--------------|---------------------|-----------------|
| X Remove                      | <u>v</u>  | Mike Jo      | <u>ones</u>         |                 |
| X Add                         | <u>sv</u> | Sally Sr     | <u>nith</u>         |                 |
| Type of Action<br>(Check One) | Title     |              | Name                | <u>Addres</u> s |
| 1) Change                     | Р         | <del></del>  | JUAN CARLOS GIRALDO |                 |
| Add                           |           |              |                     |                 |
| <b>✓</b> Remove               |           |              |                     |                 |
| 2) Change                     | <u>P</u>  | _            | ALBA L GIRALDO      |                 |
| ✓ Add                         |           |              |                     |                 |
| Remove 3) Change              |           |              |                     | ,               |
| Add                           |           | _            |                     |                 |
| Remove                        |           |              |                     |                 |
| 4) Change                     |           |              |                     |                 |
| Add                           |           |              |                     |                 |
| Remove                        |           |              |                     |                 |
| 5) Change                     | <u></u>   | _            |                     |                 |
| Add                           |           |              |                     |                 |
| Remove                        |           |              |                     |                 |
| 6) Change                     |           | <del>.</del> |                     |                 |
| Add                           |           |              |                     |                 |
| Remove                        |           |              |                     |                 |

|              | If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |                       |                        |            |  |
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|              |  |                       |                        |            |  |
|              | <u>ient provides for an exchange</u>   | , reclassification, o | r cancellation of issu | ed shares, |  |
| If an amendr |  | ent if not contained  | in the amendment it    | self:      |  |
| provisions f | or implementing the amendme  |                       |                        |            |  |
| provisions f | or implementing the amendmen oplicable, indicate N/A)  | _                     |                        |            |  |
| provisions f |  |                       |                        |            |  |
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| 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 $\frac{3/9/2014}{160}$   |                     |
| Signature  |                     |
| (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) |                     |
| JUAN CARLOS GIRALDO  |                     |
| (Typed or printed name of person signing)  | <del></del>         |
| PRESIDENT  |                     |
| (Title of person signing)  |                     |