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COVER LETTER

TO: Amendment Section Division of Corporations

	V00 D4	AN INC	
NAME OF CORPORATION:	105-04	AN , INC	
DOCUMENT NUMBER:	P0800	00013259	
The enclosed Articles of Amendr	nent and fee are su	bmitted for filing.	
Please return all correspondence	concerning this mat	tter to the following:	
	JOSE	GUMERSINDO ESQU	IVE
		Name of Contact Per	
		YOS-DAN, INC	
		Firm/ Company	
2620) ALI-BABA AV	'E	
	 -	Address	
OPAL	.OCKA FL 330	154	
		City/ State and Zip C	ode
	:		
E-mai		uivel@gmail.com ed for future annual repo	
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For further information concerning	g this matter, pleas	e call:	
	- ,		
MAGALY GONZALE)557=1662
Name of Contact I	Person	Area (Code & Daytime Telephone Number
Enclosed is a check for the follow	ing amount made p	payable to the Florida De	epartment of State:
3 5		D	_
_	.75 Filing Fee & ificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	© □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addre			et Address
Amendment Se			endment Section
Division of Cor P.O. Box 6327	porations		ision of Corporations ton Building
Tallahassee, FL	32314		Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	YOS-DAN, IN	IC	
(Name o	f Corporation as currently	filed with the Florida Dept. of	State)
1971	YOS-DAN, IN	C P0806	20013:259
	(Document Number of	Corporation (if known)	
Oursuant to the provisions of section 607.1 ts Articles of Incorporation:	1006, Florida Statutes, this <i>F</i>	Torida Profit Corporation adopts	the following amendment(s)
a. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associat	ation "Corp," "Inc," or "C ion," or the abbreviation "F	'o". A professional corporation	d" or the abbreviation
B. <u>Enter new principal office address, i</u> Principal office address <u>MUST BE A ST</u>			
		-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2620 ALI-BABA AVE	P 28
		OPALOCKA FL 33054	10000000000000000000000000000000000000
			
			<u> </u>
. If amending the registered agent and		ss in Florida, enter the name of	ithe ====================================
new registered agent and/or the new	registered office address:		
Name of New Registered Agent JOSE GUMERS		SQUIVEL	
	2620 ALI-BABA AVE		
	(Florida stree	et address)	
New Registered Office Address:	OPALOCKA	EL.	33054 vida
		, rio	(Zip Code)
ew Registered Agent's Signature, if ch	anging Registered Agent:		
hereby accept the appointment as registe	rred agent Lam familiar wi	th and accept the obligations of t	he position.
	Mal		
			<u>_</u>

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: XChange	<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>	Name	<u>Addres</u> s
1) Change	P	MARIA N LUGO	4050 NW 135 ST
Add			BLDG 10 APT 25
X Remove			OPALOCKA FL 33054
2) Change	VP	MIGUEL LUGO	4050 NW 135 ST
Add			BLDG 10 APT 25
X Remove			OPALOCKA FL 33054
3) Change	P	JOSE GUMERSINDO ESQUIVEL	2620 ALI-BABA AVE
X Add			OPALOCKA FL 33054
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

xuaen aaannonal S	ding additional Ar theets, if necessary)). (Be specific)				
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an amendment i	orovides <u>for an exc</u>	change, reclassi	fication, or canc	ellation of issue	d shares.	
<u>provisions for im</u>	plementing the am ble, indicate N/A)	endment if not	contained in the	amendment its	elf:	
(y noi appica	me, marcare way					
<u> </u>			_			_ _
						
				•		
						

The date of each amendment(s) date this document was signed.	09/24/2018 adoption:	, if other than the
-		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this dat Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	ı
	oproved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	u
	it for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voing group)	
The amendment(s) was/were action was not required.	lopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and shareholder	
09/24/20 Dated	8	
An.	Apun Modern of the officer - if directors or officers have not been	
select	director, president drother officer – if directors or officers have not been ed; by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	MARIA N LUGO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	