P08000064029

(Requestor's Name)
(Address)
(<u>.</u>
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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APR 25 2019 T SCHROEDER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION:	<u>. </u>		
DOCUMENT NUMB	ER: P08000064029			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	EUGENIO JARAMILLO			
	Name of Contact Person			
		Firm/ Company		
	10710 NW 66 STREETAPT, #104			
-	Address			
	DORAL, FL 33178			
		City/ State and Zip Cod	e	
eugeni	io,jaramillo@icloud.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
EUGENIO JARAMILLO		at (986-1416	
Name o	f Contact Person	at (305) 986-1416 Area Code & Daytime Telephone Num		
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate 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)	
Ame Divi P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

YOGARBOL, INC.				
(<u>Name</u>	of Corporation as curre	ently filed with the Florida Dept. o	of State)	
P08000064029				
	(Document Numbi	er of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, t	his <i>Florida Profit Corporation</i> adop	nts the following amen	dment(s) to
A. If amending name, enter the new n	ame of the corporation	<u>:</u>		
PS Trusted Advisors, Inc.			The	nau
name must be distinguishable and con "Corp." "Inc.," or Co.," or the design word "chartered," "professional associa	uation Corp. Inc. c	or "Co". A professional corporation	ited" or the abbrevia	tion
B. Enter new principal office address, (Principal office address MUST BE A S		Not Applicable		_
C. Enter new mailing address, if appl (Mailing address MAY BE A POST) D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	OFFICE BON) nd/or registered office a		SECRETARY OF STATE TALL AHASSEE FLORIDA	_
	(Florida	a street address)		
New Registered Office Address:	Not Applicable	t	lorida	
New Registered Office Address.		(City)	(Zip Code)	_
New Registered Agent's Signature, if of thereby accept the appointment as regis	tered agent. I am famil	iar with and accept the obligations o	of the position.	
	Signature of Ne	w 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 Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	Address	
1) Change		Not Applicable	Not Applicable	_
Add				
Remove			ECRE PR	
2) Change			SS:3.18	_
Add			70 A	- [T
Remove			87 9	_
3) Change			27 10 _A	_
Add			 	_
Remove				_
4) Change		_		_
Add				
Remove				_
5)Change		_		_
Add				
Remove				_
6)Change		_		_
Add				
Remove				_

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
Not Applicable	
	
	
	AS A
	19 A
F. If an amendment provides for an exchange, reclassification, or cancellatio	in of issued shares.
provisions for implementing the amendment if not contained in the amen	dment itself:
(if not applicable, indicate N/A)	$m_{\rm co}$
Not Applicable	To B III
	₹
	Din N

	4/1/2019	
The date of each amendment(s):	idoption:	, if other than the
date this document was signed.	/2019	
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 date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	и
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	; "	
,	(voting group)	
action was not required. The amendment(s) was were action was not required. 04/03/201 Dated Signature (By a select	$\overline{}$	FILED 19 APR 18 AN RO 2 SECRETARY OF SIMILATION AND AN ACCORDING TO A SIMILATION AND A SI
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	