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SECRETARY OF STATE

Amendicus

AUG 08 2017

I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: ARAV	use RUBLISHING Groop STHC
DOCUMENT NUMBER: # P 090	000 327 54
The enclosed Articles of Amendment and fee are sub	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
Pre	Name of Contact Person
्तर	ADISC YUBLISHING COOD PHC
2965 MA	RES TATE CIRCLE
AGAS.	Address A 3/27
,	City/ State and Zip Code
E-mail address: (to be use	Hotel C VERIZOHO NET d for future annual report notification)
For further information concerning this matter, please	cali:
Bob Beiliant	at (941) 321-0814
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	ayable to the Florida Department of State:
\$35 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) Second Copy
Mailing Address	Street Address
Amendment Section	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment
Articles of Incorporation
of Of
YARADISE PUBLISHING GOOD INC
(Name of Corporation as currently filed with the Florida Dept. of State)
<u> </u>
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 2965 MALES TAIL CICLE SACASSTD FIRE A 34 2W
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 2965 ALLS THE CIRCLE ARCA SOFT FLOR DA 34275
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent CHERYL P. BRIWIPM
Name of New Registered Agent CHERGL P. DOWN 1 2965 MACES FAIL CROCK - SARASOR, FL 34231
New Registered Office Address: 2965 MALES TAIL CIPCLE SA PASSA, Florida 3438 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
*Cheryl P Billiert
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	PT John Doe	
X Remove	V <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	PTS LOET A. MARCHALL	1045 Cauter Care Ct.
Add Remove		Cheso, Fh 35766
2) Change	PTS CHERK D. BRILLIANT	3965 MARKS PATL CIRCLE
Remove		
3) Change Add	T LOCE A. MARCHAIL	1095 Carried Cove CT.
X Remove		
4) Change Add	T CHEEPL P. BRILIANT	SARABOTA, FL. 34285
Remove		
5) Change Add	S LOCI A. MAGAL	OVIEDO JEL 32766
Remove		
6) Change	S CHERYL P. DESUSANT	2965 MARIS FATE CIR
X Add		5AA30/A, FL 34235
Remove		

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.

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Example: X Change	PT John Doe	
X Remove	V <u>Mike Jones</u>	
_X Add	SV. Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Address</u> s
1) Change	D LOST A- MARKALL	1045 Causty Cove 8%.
Add Remove		OVIEDO Y = 32766
2) Change	D CHERL R. BULLIANT	2968 MARS FUL CIRCLE 1980 17 5. 34237
Add Remove	·	ARABOTA (51. 34)37
3)Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

LORI A. MARSHALL 1045 Country Cove Ct. Oviedo, Florida 32766

(remove)

CHERYL P. BRILLIANT 2965 Mares Tail Circle Sarasota, Florida 34235

PTSD

ttach additional sa	ling additional Article heets, if necessary). ((Be specific)			
		1			
		NG	<u> </u>		
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	Ti da .		.		
			 		
an amendment r	rovides for an exchan	ige, reclassifica	tion, or cancellatio	n of issued shares	1
<u>provisions for im</u>	olementing the amend ble, indicate N/A)	ment if not con	tained in the amer	dment itself:	
(у погарриса	ne, maicale WA)				
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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)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	te will not be listed as the
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 stateme must be separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"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 shareholde action was not required.	r
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated HIGHS 15 COFT Man 14.	
Signature Xori a. Marshell	<u>.</u> _
(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)	•
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)