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(((H110001037753)))



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## COVER LETTER

(((Ĥ11000103775 3)))

TO: Amendment Section Division of Corporations NAME OF CORPORATION: \_\_\_\_\_ Y.L.L. Inc P09000048562 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kevin Carmichael Name of Contact Person Salvatori, Wood & Buckel, P.L. Firm/ Company 9132 Strada Place, Fourth Floor Address Naples, FL 34108 City/ State and Zip Code k2c@swbnaples.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 239 ) 552-4100 Area Code & Daytime Telephone Number Kevin Carmichael Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$43.75 Filing Fee & \$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

of	2011 APR 19 PM 2: 20
.L.:Inc.	
ly filed with the Florida	ALLAHASSEE, FLORIDA
00048562	TACE ATTACK
er of Corporation (if know	wn)
Florida Statutes, this <i>Fl</i>	lorida Profit Corporation adopts the follow
e corporation:	
	The new
esignation "Corp," "Inc esional association," or	the abbreviation "P.A."
able:	
ADDKESS )	
<u> </u>	
	n Florida, enter the name of the
red office address:	
•	
(Florida street c	address)
	•
(0:4)	, Florida
(City)	(Zip Code)
Registered Agent:	
ent. I am familiar with c	and accept the obligations of the position.
mature of New Registers	d Agent, if changing
	L. Inc.  Ny filed with the Florid  20048562  Fro of Corporation (if known of Corporation)  Word "corporation," esignation "Corp," "Inc.  Estimates association," or estable:  ADDRESS)  Grad office address in the pred office address:  (Florida street of City)  Registered Agent:

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If amending the Officers and/or Directors, enter the title and name of each officer/director being 75 3))) removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Type of Action Name Address Ti<u>tle</u> P HAIFAA HENDI 2520 NORTHBROOKE DRIVE 

Add Mohamad S. ElKhayat Add 🗌 ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

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(((H11000103775 3))) The date of each amendment(s) adoption: April 18, 2011 (date of adoption is required) 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 (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 April 18, 2011 (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) Mohamad S. ElKhayat (Typed or printed name of person signing) President (Title of person signing)

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