P1000053654

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	tate/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nai	me)
(Docui	nent Number))
Certified Copies	Certificate	s of Status
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SECRETARY OF STATE
FALL ANASSPELET CHICA

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: YBS BUSINE	SS SERVICES INC	
DOCUMENT NUM	IBER: P10000053654		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
		seph Villate	·
	(Name o	f Contact Person)	
	Josep	h Villate CPA	
	(Fire	n/ Company)	
	250 Cataloni	a Avenue, STE 506	
	(Address)	
	Coral Ga	ables, FL 33134	
 _	(City/ Sta	te and Zip Code)	
		A@bellsouth.net	eation)
For further informati	on concerning this matter, pleas	-	auon,
tor tutther miorinati	on concerning this matter, picas	ic cair.	
Joseph Villate		at (305) 541-47	14
(Name	of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check f	or the following amount made p	payable to the Florida Departmen	at 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)
	ng Address	Street Address	,
	ion of Corporations	Amendment Section Division of Corporation	one
Division of Corporations P.O. Box 6327		Clifton Building	OH5
Tallahassee, FL 32314		2661 Executive Cente	r Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

YBS BUSINESS SERVICES INC

(Name of Corporation as currently filed with the Florida Dept. of State)

	0000053654	··•
(Document No	umber of Corporation (if known)	
Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles of		Profit Corporation adopts
A. If amending name, enter the new name	of the corporation:	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"	contain the word "corporation" or "in or "Co." may not be used in the name.	corporated" or the
B. Enter new principal office address, if an (Principal office address MUST BE A STRE		
e de la companya de l		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF	<u>le:</u> FICE BOX)	
D. If amending the registered agent and/or	registered affice address in Florida er	iter the name of the
new registered agent and/or the new reg		the many of the
Name of New Registered Agent:	Sara Rodriguez	
•	5709 NW 102 PLACE	
New Registered Office Address:	(Floridu street address)	
	Doral	, Florida 33178 (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if chang	ging Registered Agent:	
I hereby accept the appointment as registere position.		ept the obligations of the
	Signature of New Registered Agent, if ch	anging
	organizate of treat register our rigent, if the	milaria

Page 1 of 3

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)

Title Address Type of Action <u>Name</u> P/S Sara R Espinal 5709 NW 102 PLACE ☐ Add Sara Rodriguez P/S E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: 6/28/2010					
(date of adoption is required)					
Effective date <u>if applicable</u> :					
	(no more than 90 days after amendment file date)				
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were a was/were sufficient for approve	dopted by the members and the number of votes cast for the amendment(s) al.				
There are no members or men adopted by the board of direct	nbers entitled to vote on the amendment(s). The amendment(s) was/were ors.				
Dated 7/2/10					
Dated					
•					
Signature	Jona Rody				
have no	chairman or vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)				
' :· <u> </u>	Sara Rodriguez				
La H	(Typed or printed name of person signing)				
ŀ	President				
_	(Title of person signing)				

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