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PICK-UP	☐ WAIT	MAIL
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Special Instructions to F	filing Officer:	





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COVER LETTER

Division of Corporations NAME OF CORPORATION: YRTESTING ON the GU WRP. P1300004845 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fcc & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

ON STATE OF STATE OF

Articles of Amendment

to

Articles of Incorporation

YRTESting on the GO COIP

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

P1300W4845D

(Doc	ument Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following amendm	ent(s)
A. If amending name, enter the new name of the	corporation:	
	The nev	w
came must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co. word "chartered," "professional association," or th	ord "corporation," "company," or "incorporated" or the abbreviation rp," "Inc," or "Co". A professional corporation name must contain the he abbreviation "P.A."	n e
3. Enter new principal office address, if applicat Principal office address <u>MUST BE A STREET AI</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	30X)	
I If amending the registered agent and/or regist	tered office address in Florida, enter the name of the	**
new registered agent and/or the new registere		har of and of agent and in
Name of New Registered Agent		- 1950 -
	विद्या	11 j
	(Florida street address)	
New Registered Office Address:	, Florida	7.
	(City), Florida, Florida	ORAII
New Registered Agent's Signature, if changing R hereby accept the appointment as registered agent		<u> </u>
Si	gnature 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.

X Change	<u>PT</u>	John Do	<u>e</u>					
X Remove	<u>V</u>	Mike Joi	<u>nes</u>					
X Add	<u>sv</u>	Sally Sm	nit <u>h</u>					
Type of Action (Check One)	<u>Title</u>		Name				Address	
1) Change	VP.		Juan	W (betanc	W1_	+ 5720 5W 8 Pkntuhon, F	5tm St
X Add						_	PENTULON, F)
Remove						_	33317	
2) Change								
Add						_		
Remove						-		
3) Change		_		 		_		
Add						-		
Remove						-	_	
4) Change		_				-		
Add						=		
Remove						-		
5) Change		_		- , , ,				
Add						-		
Remove						-		
6) Change		_			<u></u>	-		
Add						_		
Remove								

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
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provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and and an analysis
(if not applicable, indicate N/A)	

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 date document's effective date on the Department of State's records.	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 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	
by	
(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 06 (15) 17	
Signature 4.	
(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)	
Yasnaya Ruiz.	
(Typed or printed name of person signing)	
President.	

(Title of person signing)