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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: KIJOENNA SERVICES INC

Account Number : 120080000033

Phone

; (305)644-3055

Fax Number

: (305)644-3052

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## COR AMND/RESTATE/CORRECT OR O/D RESIGN YAH NISSI CORP

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## COVER LETTER

Division of Corp			
NAME OF CORPO	RATION: YAH NISSI COR	P	
DOCUMENT NUM	BER: P14000049946		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
•	ENNA DIEPPA	-	
	•	Name of Contact Perso	n
	KLIÓENNA SERVICES INC		
		Firm/ Company	
	2141 SW 1st ST SUTTE 110		
		Address	
	MIAMI, FL 3135		
		City/ State and Zip Cod	le ·
NMG	1990@HOTMAIL.COM		
	E-mail address: (to be u	sed for future annual report	notification)
		•	
For further information	n concerning this matter, pleas	se call:	•
NOEMI MORENO		at ( <sup>704</sup>	5266814
Name	of Contact Person	Area Co	ode & Daytime Telephòne Number
Enclosed is a check fo	r the following amount made	payable to the Florida Dep	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address Indiment Section Sion of Corporations Box 6327 Shassee, FL 32314	Amend Division Cliffon 2661 E	Address Iment Section on of Corporations Building executive Center Circle
		Tallaha	168ce, FL 32301

## Articles of Amendment to Articles of Incorporation of

YAH NISSI CORP			
(Name	of Corporation as curre	ntly filed with the Florida Dent, of State	<b>E</b> )
214000049946			
	(Document Number	r of Corporation (if known)	
tursuant to the provisions of section 607 as Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation adopts the	following amendment(s
. If amending name, enter the new n	ame of the corporation:		٠
<b>1/A</b>			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	tion," "company," or "incorporated" o "Co". A professional corporation nan n "P.A."	or the abbreviation ne must contain the
L. Enter new principal office address.			
Principal office address <u>MUST BE A</u> S			
•			
		·	
Enter new mailing address, if apple (Mailing address MAY BE A POST		N/A	
(Iduntus maress tivel be a foot	VEFICE BUA	<del>-</del>	<del></del>
·		<del></del>	
). If amending the registered agent ar	d/or registered office ad	idress in Florida, enter the name of the	-4
new registered agent and/or the ne	w registered office addr	egs:	AE SE
Name of New Registered Agent	N/A		
			表示 rs
	(Florida	street address)	<u>k</u>
Art - Desire 100 - 111	N/A		
New Registered Office Address:		(City) Florida	(Zip Code)
		, 2	1 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			15
ew Registered Agent's Signature, if c	banging Registered Age	nt:	
hereby accept the appointment as regist	ered agent. I am familia	r with and accept the obligations of the po	osition.
	Signature of New	Registered Agent, if changing	<del></del>

3056443052

If accending 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	PT	John Doe			
X Remove	<u>v</u>	Mike Jones		·	
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Nam	<u>e</u>		<u>Addres</u> s
1) Change	CEO	SAM	TUEL ALFARO	)	22721 SW 88TH PL UNIT 8
X Add					CUTLER BAY, FL 33190
Remove					
2) Change				·	
Add	•				Marie and the second of the se
Remove					M
3) Change				· · · · · · · · · · · · · · · · · · ·	
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4)Change					
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5) Change				· •	
Add					
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6)Change	•		<del></del>		
Add					
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I/A	itional sheets, if ne	cessary).	les, enter chang (Be specific)				•
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3056443052

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)