## P14000098925



(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Some Service)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500437349745

10/01/24--01038--016 \*\*52.50

0-12 - 1 11 0:00 FL

## COVER LETTER

**TO**: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Y. Y. & R. INC.					
DOCUMENT NUM	BER: P14000098925					
•	s of Amendment and fee are su	bmitted for filing.				
Please return all corre	espondence concerning this ma	tter to the following:				
	C DORIS RODRIGUEZ					
	<del></del> .	Name of Contact Persor	)			
	DORIS BONNET INCOME TAX & ACCOUNTING SERVICES LLC					
		Firm/ Company				
	1650 SAND LAKE RD SUITE 245					
	Address					
	ORLANDO FL 32809					
		City/ State and Zip Cod	<u> </u>			
	doris@dorisbonnet.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further informati	on concerning this matter, pleas	se call:				
Cdoris Rodriguez		at (	228-6630			
Name of Contact Person		Area Co	de & Daytime Telephone Number			
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:			
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	■S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address  Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

( <u>Name</u>	of Corporation as currently filed	<u>with the Florida D</u>	ept. of State)
14000098925			
	(Document Number of Corpo	ration (if known)	
Pursuant to the provisions of section 607 as Articles of Incorporation:	.1006, Florida Statutes, this <i>Florida</i>	Profit Corporation	n adopts the following amendme
If amending name, enter the new n	ame of the corporation:		
			The new
ame must be distinguishable and contain Inc.," or Co.," or the designation "( chartered," "professional association,	Corp," "Inc," or "Co". A profe		
s. Enter new principal office address. Principal office address <u>MUST BE A S</u>		<u> </u>	
			2023
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<del></del>	
			5. <u>7</u>
If amending the registered agent a new registered agent and/or the ne		Florida, enter the	name of the
Name of New Registered Agent	RUBEN FELIZ		
	(Florida street addi	ess)	· · · · · · · · · · · · · · · · · · ·
			32773
New Registered Office Address:	212 MAGNOLIA PARK TRAIL	SANFORD 	, Florida

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>PT</u>	John Doc			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	Name	<u>Addres</u> s		
I) Change	P/S	YANIRA FELIZ	212 MAGNOLIA PARK TR		
Add X			SANFORD FL 32773		
Remove 2) Change	P/T	RUBEN FELIZ	212 MAGNOLIA PARK TR		
X Add			SANFORD FL 32773		
Remove Change	<u>s</u>	JAVIER J. GONCALVES CRESCEN	672 WISHAW LN WINTER SPRINGS FL 32708		
Add Remove					
4) Change Add		-			
Remove					
Add		<u> </u>			
Remove  Change					
Add					
Remove			_		

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
AFTER MEETING THEM DECIDED THE PERCENT OWNERSHIP AT
RUBEN FELIZ 51%
JAVIER J GONCALVES CRESCENTE 49%
·
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)

.

09/18/2024	
The date of each amendment(s) adoption:, if other late this document was signed.	than the
01/01/2024 Effective date <u>if applicabl</u> e:	
(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 will not be listed document's effective date on the Department of State's records.	ed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.	<u>-</u>
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)	
Dated	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
RUBEN FELIZ	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	