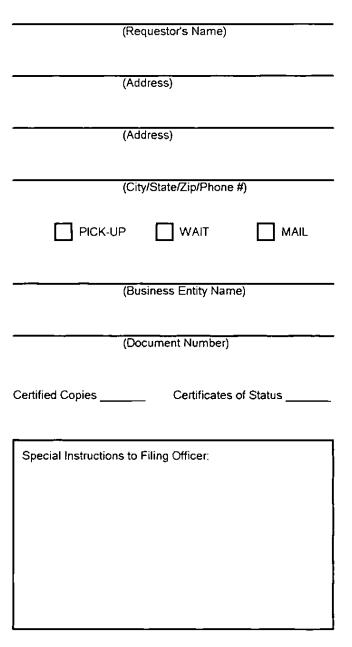
P15000011507

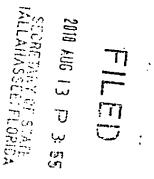






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AUG 15 /



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: YOUR PATIO IN	IC			
DOCUMENT NUM	BER: P15000011507				
The enclosed Articles	of Amendment and fee are so	abmitted for filing.			
Please return all corre	spondence concerning this ma	atter to the following:			
	MICHAEL SALAZAR				
	Name of Contact Person				
	YOUR PATIO INC.				
		D: 10			
	27/2/11/17/20/11/20	Firm/ Company			
	2765 NW 79 AVE				
	Address				
	DORAL, FLORIDA 33122				
	City/ State and Zip Code				
.,					
Your —	patioinc@hotmail.com				
	E-mail address: (to be u	sed for future annual report	notification)		
Face Combined to Care					
ror iurther informatio	n concerning this matter, pleas	se call:			
Michael Salazar		at (, 681 - 7085		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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)		
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address Iment Section In of Corporations Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

	_	or por actors	<u>.</u>
YOUR PATIO INC.	of		FILED
(Name	of Corporation as currently	filed with the Florida De	rpt. MrState)
P15000011507			13 P 3 FE
	(Document Number of	Corporation (if known)	ALL REPORT OF ST.
Pursuant to the provisions of section 607 ts Articles of Incorporation:	.1006, Florida Statutes, this I	Florida Profit Corporation	adopts the following amendment(s)
L. If amending name, enter the new n	ame of the corporation:		
			<i> The new</i>
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	o". A professional corpo	
 Enter new principal office address, Principal office address <u>MUST BE A S</u> 			
Enter new mailing address, if appl			
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u>)		
. If amending the registered agent an	nd/or registered office addre	se in Florida, antar the ne	amo of the
new registered agent and/or the new		ss in Florida, enter the na	mie of the
Name of New Registered Agent	Michael Salazar		
	18345 NW 68 Avenue Apt	4	
	(Florida stree	et address)	
New Registered Office Address:	Hialeah		33015
New Regimered Office Address.		City)	
			, and
ew Registered Agent's Signature, if cl	hunging Degistered Agents		
hereby accept the appointment as regist	ered agent. I am familiar wi	th and accept the obligatio	ns of the position.
£1			··· -J ····· I ·······
M_{\star}	EHART Sp	(n=452-	
	signature of New Reg	gistered 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.

Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	<u>S</u>	Javier J. Salazar	18255 NW 68 Ave #421	
Add X Remove			Hialeah. FL 33015	
2) Change Add				
Remove 3) Change				
Add				
4) Change Add		-		
Remove				
Add				
6) Change				
Add Remove				

Attach addition	adding additional Arti ul sheets, if necessary).	(Be specific)			
	.				·
					
		· · · ·			
					·
					
			_		
				<u> </u>	· · · · · · · · · · · · · · · · · · ·
			_ _		
		···			
provisions for	t provides for an exchange the amer	ange, reclassificated and in the control of the con	tained in the amer	on of issued shares, idment itself:	
(if not appi	icable, indicate N/A)			_	
			-		
				· · · · · · · · · · · · · · · · · · ·	

· ,	05/01/2018	
The date of each amendment(s date this document was signed.) adoption:	_, if other than the
	05/01/2018	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will r Department of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
05/01/20	N O	
05/01/20 Dated	118	
Signature	MICHARI SALDER	
(By a selec	a director, president of other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	-
	Michael Salazar	
	(Typed or printed name of person signing)	·
	President	
	(Title of person signing)	