## P15000041075

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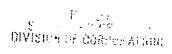
**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION:I	I.Y.N ENTERPRISE INC.	·		
DOCUMENT NUMB	P15000041075				
The enclosed Articles of	f Amendment and fee are su	ibmitted for filing.			
Please return all corresp	oondence concerning this ma	tter to the following:			
		HORACE MATHERSON			
-	Name of Contact Person				
	H.Y.N ENTERPRISE INC.				
-	Firm/ Company				
	5701 NW 15TH ST APT 3				
-	Address				
	LAUDERHILL, FL 33313				
-	City/ State and Zip Code				
		into@reynoldsmoss.com			
<del>,,</del>	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
HORACE MATHER	SON	at (	707-1066		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building			

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



H.Y.N ENTERPRISE INC.

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to

(Docum		f State)
(Docum	P15000041075	
	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this Florida Profit Corporation adop	ots the following amendment(
A. If amending name, enter the new name of the co	orporation:	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the	" "Inc," or "Co". A professional corporation	
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>	
D. If amending the registered agent and/or register new registered agent and/or the new registered		of the
new registered agent and/or the new registered		of the
	office address:	of the
new registered agent and/or the new registered	office address: REYNOLDS & GRANDA LLC	of the
new registered agent and/or the new registered	office address:  REYNOLDS & GRANDA LLC  18331 PINES BLVD # 213.  (Florida street address)  PEMBROKE PINES	of the

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 Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	V	ZANE GRAY	 18331 PINES BLVD # 213
X Add			PEMBROKE PINES, FL 33029
Remove			
2) Change		_	 
Add			
Remove			
3 ) Change			 
Add			
Remove			
4) Change			 
Add			
Remove			
5) Change			
Add			
Remove			
<del></del>			
6) Change		<del>-</del>	 
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
. Index distances as a second	
	The state of the s
lf an amendment provides for an excl	hange, reclassification, or cancellation of issued shares.
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	***************************************

The date of each amendment(s) add	option:	, if other than the
date this document was signed.		e e
10/1/	2015	ู่ ขึ้นไปเปลี่ย์ ก็อัติกับ เหมา มีเ
Effective date if applicable:	(no more than 90 days after amendment file date)	4F 101 10 44 7 4 4
	(no more man 90 days after amenament file date)	15 NOV 10 AM 7:41
Note: If the date inserted in this blodocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, eartment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adop by the shareholders was/were suff	nted by the shareholders. The number of votes cast for the amend ficient for approval.	lment(s)
	oved by the shareholders through voting groups. The following seach voting group entitled to vote separately on the amendment(	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	41	
	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	oted by the board of directors without shareholder action and sha	reholder
The amendment(s) was/were adoptaction was not required.	oted by the incorporators without shareholder action and shareholder	lder
10/1/2015		
Dated		
s: /	Of otto	
Signature	rector, president or other officer – if directors or officers have no	t baan
selected	by an incorporator – if in the hands of a receiver, trustee, or other fiduciary by that fiduciary)	
	HORACE MATHERSON	
-	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	