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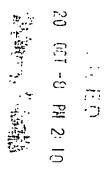
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: YOANY REMOD	ELING & MORE INC	.		
DOCUMENT NUMBI					
	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this mat	ter to the following:			
)	MICHAEL PASEK				
_		Name of Contact Person			
,	YOANY REMODELING & MORE INC				
_		Firm/ Company			
6	6997 40TH AVE N				
_		Address			
5	ST. PETERSBURG, FL 3370	09			
_		City/ State and Zip Code			
taxcen	ters@earthlink.net				
	-	ed for future annual report	notification)		
For further information MICHAEL PASEK	concerning this matter, pleas		544-2796		
	Contract Donner	at () 544-2796 de & Daytime Telephone Number		
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	rriment 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		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

YOANY REMODELING & MORE INC

(Mante of Corporation as Currently in	<u>ed with the Florida l</u>	Dept. of State)	<u> </u>
215000047125			
(Document Number of Co	rporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Statutes, the statutes of the sta	rida Profit Corporatio	on adopts the follo	wing amendment(
s. If amending name, enter the new name of the corporation;			
		<u> </u>	The new
ame must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" or "Co" or "chartered," "professional association," or the abbreviation "P.A	'. A professional cor	orporated" or the poration name m	e abbreviation ist contain the
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)			
-			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
- -		Эдуго, т́ Эдуго, т́	20
). If amending the registered agent and/or registered office address	in Florida, enter the	name of the	<u>s</u>
new registered agent and/or the new registered office address:			 1
Name of New Registered Agent			
		;*	골 그
	address)	d-	
(Florida street d			
(Florida street of New Registered Office Address:		َيْنَ أَنْ اللَّهُ عَلَيْهِ عَلَيْهِ , Florida	0

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	PT	John D	<u>oe</u>		
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	VP		YOSEL RODRIGUEZ QUEZADA	6997 40TH AVE N	
Add		_		ST PETERSBURG, FL 33709	
X Remove					
2) Change		_			
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
Channe					
6) Change		_			
Add					
Remove					

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
- · ·	
<u>If an amendment provides for an exch</u>	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(y nor appretime, indicate 1921)	
 	

	1:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block d document's effective date on the Departme	oes not meet the applicable statutory filing requirements, this ent of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted b by the shareholders was/were sufficien	y the shareholders. The number of votes cast for the amendme t for approval.	nt(s)
☐ The amendment(s) was/were approved must be separately provided for each v	by the shareholders through voting groups. The following state orting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted b action was not required.	y the board of directors without shareholder action and shareho	older
☐ The amendment(s) was/were adopted b action was not required.	y the incorporators without shareholder action and shareholder	
OCTOBER 5, 20 Dated	20	
Dated		
Signature / 14	coll	
(By a director selected, by a	president or other officer – if directors or officers have not be in incorporator – if in the hands of a receiver, trustee, or other ouclary by that fiduciary)	en Court
YOA	NY RODRIGUEZ	
	(Typed or printed name of person signing)	
PRES	SIDENT	
	(Title of person signing)	