P15000058052

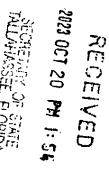
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900417272409

MULAHASSEE, FLORIDA



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

	_
IYP GROUP CORP	- -
Please Debit FCA000000003 For: 35	
Thank you Seth Neeley	
1-4-1	
Delg/	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Сеп. Сору
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
/ /	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by: SETH	UCC 1 or 3 File
Name Date Time	UCC 11 Search
name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

Articles of Amendment to Articles of Incorporation

of

FILED

IYP GROUP CORP

2023 OCT 20 AMIL: 25

		1000 UCT ZU AM II: 25
(Name of Corporation as current	tly filed with the	Florida Dept. of State)
P150000	58052	TALLAHASSEE ETASIS.
(Document Number	of Corporation (i	fknown)
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	s Florida Profit (Corporation adopts the following amendment(s
. If amending name, enter the new name of the corporation:		
7/A		The new
ame must be distinguishable and contain the word "corporation," ' Inc.," or Co.," or the designation "Corp," "Inc," or "Co". chartered," "professional association," or the abbreviation "P.A.	A professional	incorporated" or the abbreviation "Corp.,"
. Enter new principal office address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
 If amending the registered agent and/or registered office address new registered agent and/or the new registered office address 		enter the name of the
N!/A	_	
Name of New Registered Agent		
(C(-)		
	treet address)	
•		NI/A
New Registered Office Address: N/A	(City)	, Florida

☐ 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)

Example:

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.

\underline{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)	<u>Title</u>	<u>Name</u>	Address
1) Change	0	MAPI HOLDINGS CORP	3015 SOUTH OCEAN BLVD.
Add			HIGHLAND BEACH, FL 33487
X Remove			
2) Change	0	IGON HOLDINGS CORP	30 N Gould St. Ste R
X Add			Sheridan WY 82801
Remove Change			
Add			
Remove			
4) Change			<u> </u>
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<u> </u>
Add			
Remove			



E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
	 -
<u>-</u>	
	
F. If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	
17/74	
-	
- · · · · · · · · · · · · · · · · · · ·	



N/A			
The date of each amendment(s) adoption:	 -	_, if oth	ier than the
N/A			
Effective date if applicable:			_
(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 document's effective date on the Department of State's records.	late will	not be l	isted as the
Adoption of Amendment(s) (CHECK ONE)			
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder act action was not required.	tion and s	harehol	der
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	t(s)		
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem 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 N/A (voting group)	TALLAHASSEE.	2023 OCT 20 A	
OCTOBER 17,2023 Dated Signature	FLORIDA	AM 11: 25	Ö
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other courappointed fiduciary by that fiduciary)			
MARTHA ALICIA GONZALEZ/MAPI HOLDINGS CORP			
(Typed or printed name of person signing)			
OFFICER			
(Title of person signing)			_