P15000076909

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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SEP 29 2015 A RAMSEY

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	ON: YUNIQ INC					
DOCUMENT NUMBER:						
The enclosed Articles of Am	nendment and fee are sub	omitted for filing.				
Please return all corresponde	ence concerning this mat	ter to the following:				
YUN	IELKIS AGUEDO LEC	HUGA				
	Name of Contact Person					
		Firm/ Company				
1658	1658 N DIXIE HWY					
		Address				
FT L	AUDERDALE, FL 3330)5				
		City/ State and Zip Code	.			
PLUZQUII	NOSF@HOTMAIL.CO	М				
I	E-mail address: (to be us	ed for future annual report	notification)			
For further information conc	erning this matter, pleas	e call:				
PEDRO LUZQUINOS		at (de & Daytime Telephone Number			
Name of Cor	tact Person	Area Coo	de & Daytime Telephone Number			
Enclosed is a check for the f	ollowing amount made p	payable to the Florida Depa	rtment 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)			
P.O. Box	nt Section f Corporations	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2015 SEP 24 PM 2: 31 YUNIQ INC (Name of Corporation as currently filed with the Florida Dept. of State) P15000076909 (Document Number of Corporation of known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered 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 Jon	<u>es</u>		
X Add	<u>sv</u>	Sally Smi	ith		
Type of Action (Check One)	Title	1	<u>Name</u>		Address
1) Change				 _	
Add					
Remove					
2) Change				 _	
Add					
Remove					
3) Change				 	
Add					
Remove					
4) Change					
Add					
Remove					
5)					
5) Change		-		 _ _	
Add					
Remove					
6) Change				 _	
Add					
Remove					

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
ADD MOTHER'S MAIDEN NAME FOR OFFICER
Officer/Director Detail Name & Address
Title P
AGUEDO, YUNIELKIS
IT MUST SAY
Title P
AGUEDO LECHUGA, YUNIELKIS
F. 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)
<u>.</u>

•	09/22/2015	
The date of each amendment		, if other than the
date this document was signed	•	
Tree of the late to the late	09/22/2015	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament fite date)	
	this block does not meet the applicable statutory filing requirements, this dhe Department of State's records.	late will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment ere sufficient for approval.	(s)
	re approved by the shareholders through voting groups. The following statened for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	n	
<u> </u>	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	ler.
•		
09/22 Dated	1/2015	
Signature	8 K Paid	<u>_</u>
(I	By a director, president or other offiger - if directors or officers have not been	1
Se	elected, by an incorporator - if in the hands of a receiver, trustee, or other co	urt
a	ppointed fiduciary by that fiduciary)	
	YUNIELKIS AGUEDO LECHUGA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	