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(Re	equestor's Name)				
(Ac	ddress)				
(Ac	ddress)				
(Ci	ty/State/Zip/Phone #)				
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	YERLAW INC.			
DOCUMENT NUM	400277747654 IBER:		.	
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	Drew Howard			
		Name of Contact Person	1	
	YERLAW INC.	Number of Conduct & Cabo	•	
	MANAGEMENT AND	Firm/ Company		
	6499 NW 80th Dr			
		Address	***************************************	
	Parkland, FL 33067			
		City/ State and Zip Cod	e	
drev	wdhoward@yahoo.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas	se call:		
Drew Howard		954 at (993-5290	
Name	e of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for 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)	
	ailing Address		Address	
	nendment Section	Amendment Section		
	vision of Corporations O. Box 6327		on of Corporations Building	
	llahassee, FL 32314		executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

YERLAW INC.				
(Name of Corporation 400277747654	on as currently filed with the Flori	da Dept, of St	ate)	
(Docum	nent Number of Corporation (if know	m)		<u> </u>
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corpor	ration adopts t	he following amend	iment(s) to
A. If amending name, enter the new name of the co YERLAWZ INC.	orporation:		The	new
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		" or the abbrevia	tion
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD				- - •
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u></u>	E T	15 NOV	
			2 5 0	· ·
D. If amending the registered agent and/or register new registered agent and/or the new registered		the name of t	he tr	•
Name of New Registered Agent				
	(Florida street address)	<u> </u>		
New Registered Office Address:	(City)	, Flori	da(Zip Code)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	I am familiar with and accept the ob		e position.	
Signa	ature of New Registered Agent, if ch	anging		

it amending the Utticers 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 Do	<u>e</u>	
X Remove	Y	Mike Jo	nes	
_X Add	SY	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		<u> </u>		
Add				
Remove				
3) Change				, ,
Add		_		
Remove				
4) Change				
Add				
Remove				**************************************
5) Change		_		
Add				
Remove				
6) Change			····	
Add				
Remove				

ttach additional shee	g additional Article ets, if necessary).	(Be specific)			

	No. 200 100 100 100 100 100 100 100 100 100				
	<u> </u>				
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, , , ,					
					•
an amendment pro provisions for imple (if not applicable	ementing the amend	nge, reclassificati Iment if not cont	on, or cancellation ained in the amen	on of issued shares, dment itself;	
	· · ·				
			·		
	-	***			

	ner than th
date this document was signed.	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	_
(no more inan 90 days after amenament file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lidocument's effective date on the Department of State's records.	isted as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement 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" (voting group)	_
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
10/30/15	
Dated	
Signature Signature	
(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 court appointed fiduciary by that fiduciary)	
Drew Howard	
(Typed or printed name of person signing)	
President	

(Title of person signing)