P15000101842

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: YAB D. SERVICE	ES INC		
DOCUMENT NUMB	ER: P15000101842			
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	SILVIA E. GONZALEZ			
•		Name of Contact Persor	1	
	YAB D. SERVICES INC			
•		Firm/ Company		
	5326 20TH PL SW			
		Address	_	
	NAPLES FL 34116			
		City/ State and Zip Cod	e	
	SISA201350@GMAIL.CON	1		
		sed for future annual report	notification)	
For further information	n concerning this matter, plea EZ		384-4816	
Name of Contact Person		at (239-) 384-4816 Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 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 Tallahassee, Ft. 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

2023 JAN 10 PM 3: 52

(Name o	f Corporation as currently	filed with the Florida Dept.	of State) PFTERY OF CTARE
YAB D. SERVICES INC		000101842	TALLAIASSEE. FL
	(Document Number of		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this <i>F</i>	Iorida Profit Corporation add	opts the following amendment(s) to
A. If amending name, enter the new na	ime of the corporation:		
EXQUISITE CIA. LLC			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association."	'orp," "Inc," or "Co". A	ompany," or "incorporated" o professional corporation na	or the abbreviation "Corp" one must contain the word
B. Enter new principal office address,	if applicable:	NOT APLICABLE	
(Principal office address MUST BE A S			
C. Enter new mailing address, if appli		NOT APLICABLE	
(Mailing address <u>MAY BE A POST</u>)	OFFICE BOX)		
D. If the state of American services	.1/	no in Clarida, antar the com	o of the
 If amending the registered agent an new registered agent and/or the new 		ess in Florida, enter the nam	e or the
Name of New Registered Agent	NOT APLICABLE		
Nume of New Registerete Agent			
		et address)	
	NOT APLICABLE		131 - 3.6
New Registered Office Address:		City)	Florida(Zip Code)
		•	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent:	ide and any not the obligations	of the position
i nereny accept the appointment as regist	егеа адет 1 ст запинаг w	ип ана ассерь те общановы	ty the position.
	<u></u>		<u> </u>
	Signature of New Re	gistered Agent, if changing	
Check if applicable			

☐ 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.

X Change	<u>PT</u>	John Doe	
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		NOT APLICABLE	
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

E. If amending or adding additional Arti	cles, enter change(s) here:	
(Attach additional sheets, if necessary).	(Be specific)	
NOT APLICABLE		
		····

	<u> </u>	
		
		
		<u></u>
F. If an amendment provides for an excl	range, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
NOT APLICABLE		
		
		_
		<u></u>

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	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action	on and shareholder
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(stficient for approval.	s)
	proved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):	int
"The number of votes cast	for the amendment(s) was/were sufficient for approval	2023
by	··	2023 JAN 10
	(voting group)	
1)	1212 -2	
Dated	1211 622	SSEE OF S
Signature	L Solungail	3: 52 STATE E, FL
(By a d selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)	• •
	SILVIA E. GONZALEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	