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SEP 13 2016 R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: YN SERVICES C	ORP		
DOCUMENT NUMB	ER: P16000001036			
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
		MARIA V TORRES		
-	Name of Contact Person			
	TAXPLUS FINANCIAL SERVICES CORP			
-	Firm/ Company			
	8000 NW 7TH STREET SUITE 200			
_	Address			
	MIAMI, FL 33126			
_		City/ State and Zip Code	e	
	TAXPLU	JSFINANCIAL@ATT.NE	Γ	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information MARIA V	concerning this matter, please	se call:	265-8118 EXT 224	
Name or	f Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment of State:	
S35 Filing Fee	☐S43.75 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)	
Amer	Mailing AddressStreet AddressAmendment SectionAmendment Section		ment Section	
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
	hassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

FILED

16 AUG 31 AM 10: 54

YN SERVICES CORP

(Name of Corporation as current	y filed with the Florida Dept. of State).
P16000001036	
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation	'Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	1235 FAIRLAKE TRACE APT 509
(Principal office address MUST BE A STREET ADDRESS)	WESTON, FL 33326
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 add new registered agent and/or the new registered office address	
	<u> </u>
Name of New Registered Agent	
(Florida str	reet address)
	. Florida
New Registered Office Address:	(City) (Zip Code)
N Paristand America Circumstance (C. L)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. Lam familiar	
Manny k	A June
Agnature of New L	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.

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>	<u>Addres</u> s
1) Change	P	JOSE L PEREZ	16193 SADDLE CLUB RD #202
Add			WESTON, FL 33326
x Remove			
2) Change	P	ANA VANESSA PADRINO M	1235 FAIRLAKE TRACE #509
X Add			WESTON, FL 33326
Remove			
3) X Change	D	JOSE L PEREZ	16193 SADDLE CLUB RD #202
Add			WESTON, FL 33326
Remove			
4) Change			
Add		_	
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Add			

tach additional sheets, if necessary).	(Be specific)
·	
•	
in amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
ovisions for implementing the ame	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
11	
14	
**	

	AUGUST 17, 2016	
The date of each amendment(s) adoption the document was signed.		, if other than th
08/17/2	2016	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment fil	'e date)
	(•
Note: If the date inserted in this blood document's effective date on the Depa	ck does not meet the applicable statutory filing requirement of State's records.	rements, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for t cient for approval.	he amendment(s)
	ved by the shareholders through voting groups. The forch voting group entitled to vote separately on the ame	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	(voling group)	
	(voting group)	
The amendment(s) was/were adopted action was not required.	ed by the board of directors without shareholder action	n and shareholder
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and	shareholder
Dated 7 1	7/2016 alel Nasse	
Signature	blel Nassic	
(By a dire	ctor, president or other officer – if directors or officers	
•	by an incorporator – if in the hands of a receiver, truste	ee, or other court
appointed	fiduciary by that fiduciary)	
	YALELE NASSER MONTILLA	
_	(Typed or printed name of person signing)	
	VICE-PRESIDENT	
	(Title of person signing)	