PIGODO 1937a

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress) .		
(Cit	ty/State/Zip/Phone	: #)	
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOI	RATION: YEF SERVICES	INC	
DOCUMENT NUMI	BER: P16000019372		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	GERMAN L FLORES LOP	ΕŻ	
	YEF SERVICES INC	Name of Contact Persor	
	1134 SW IGRASSINA AVE	Firm/ Company	
		Address	<u> </u>
	PORT ST LUICE FL 34953		
		City/ State and Zip Code	2
walg	obo12@yahoo.com	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
GERMAN L FLORE	S LOPEZ	at (_) 2405980
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	ir the following amount made	payable to the Florida Depa	irtment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fiting 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, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301	

Articles of Amendment Articles of Incorporation of

FILED

2018 AUG 20 PM 12: 54

(Name of Corporation as currently filed with the Florida Dept. of State) CRETARY OF STATE TALLAHASSEE, FL

ent(s) to

(Docume	ent Number of Corporation (if know	vn)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corpo	ration adopts the following amendm
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.,' word "chartered," "professional association," or the a	" "Inc," or "Co". A professiona	"incorporated" or the abbreviatio l-corporation name must contain th
B. Enter new principal office address, if applicable:		·
(Principal office address <u>MUST BE A STREET ADDI</u>	<u>KESS</u>)	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	Ó	
(maning dutiess <u>may in; a roof of rice nos</u>	9	
D. If amending the registered agent and/or registere	ed office address in Florida, ente	r the name of the
new registered agent and/or the new registered o	ffice address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis	stored Agent:	
Thereby accept the appointment as registered agent. I	stered Agent. Tam familiar with and accept the o	bligations of the position.
	CALL DO NOT THE STATE OF THE ST	

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 Doc	
X Remove	\underline{V}	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	Τ	ALEJANDRO ULLOA	8 HIBISCUS ST
X Add			WMATILLA FL 32784
Remove			
2) Change			
Add			
Remove			
3) Change			<u></u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)			
				•
				<u> </u>
		<u></u>		
				<u> </u>
				
<u>If an amendment provides for an exc</u>	hange, reclassifica	ation, or cancella	tion of issued shar	res,
provisions for implementing the amo (if not applicable, indicate N/A)	endment if not cor	ntained in the am	endment itself:	
(ij noi uppneume, mareate may)				
		<u> </u>		
··				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file de	ute)
Note: If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
□ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the i by the shareholders was/were sufficient for approval.	mendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amenda	wing statement nent(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 an action was not required.	d shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sha action was not required.	nreholder
Dated 7/3/18	
Dated	
(By a director, president or other officer – if directors or officers hat selected, by an incorporator – if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	