P1600020557

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: YL MULTI TEC	TH SERVICES INC				
DOCUMENT NUMBER: P16000020557					
The enclosed Articles of Amendment and fee are	submitted for filing.				
Please return all correspondence concerning this n	natter to the following:				
YOEN LORENZO					
-	Name of Contact Person				
YL MULTI TECH SERVIO	YL MULTI TECH SERVICES INC				
	Firm/ Company				
2130 NW 105 ST	Sempany				
	Address				
MIAMI, FL 33147					
	City/ State and Zip Code				
TRUCKSOLUTIONCORP@GM	(AIL.COM				
<u> </u>	used for future annual report notification)				
For further information concerning this matter, ple CLAUDIA ONATE	ase call: at (786) 226-9126				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made					
S35 Filing Fee \$\times \text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 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, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

Articles of Amendment to Articles of Incorporation of

YL MULTI TECH SERVICES INC

(Name o	of Corporation as currently	filed with the Florida	Dept. of State)	
110000020337	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:		. , ,		owing amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C tion," or the abbreviation "F	o". A professional co	acorporated" or t	The new he abbreviation nust contain the
B. Enter new principal office address, (Principal office address MUST BE A S.)	if applicable: TREET ADDRESS			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of	OFFICE BOX) d/or registered office addre	ess in Florida, enter th	e name of the	THE PH ST
new registered agent and/or the new	v registered office address:			ie o
Name of New Registered Agent	YOEN LORENZO			
	2130 NW 105 ST			
	(Florida stree	et address)	~	
New Registered Office Address:	MIAMI		. Florida 331	47
	(1	City)	, 1 1011444	(Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist		ith and accept the oblig	gations of the posit	ion.

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, Sully 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 Jones	
X Add	<u>sv</u>	Sally Smith	
			A 11
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	- · · - · ·		
Add			
Remove			
б) Change			
Add			
Remove			

	ing additional Artic eets, if necessary).	(Be specific)				
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an amendment pi	royides for an exchalementing the amenole, indicate N/A)	ange, reclassific	cation, or cancellat ontained in the amo	ion of issued sh: endment itself:	ores,	
(if not applicab						
(if not applicab						
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(if not applicab						

	04/26/2016	
The date of each amendment(s) adoption this document was signed.	tion:	, if other than the
04/26/2	.016	
Effective date if applicable:	(no more than 90 days after amendment file o	late)
Note: If the date inserted in this blod document's effective date on the Depa	ck does not meet the applicable statutory filing requirer riment of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the cient for approval.	amendment(s)
	ved by the shareholders through voting groups. The follow ch voting group entitled to vote separately on the amend	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action a	nd shareholder
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and sl	hareholder
04/26/2016 Dated Signature	H).	
(By a dire selected,	ctor, president or other officer – if directors or officers h by an incorporator – if in the hands of a receiver, trustee, I fiduciary by that fiduciary)	
Y	OEN LORENZO	
_	(Typed or printed name of person signing)	
0	WNER	
_	(Title of person signing)	