# PIUDODOZIIZI

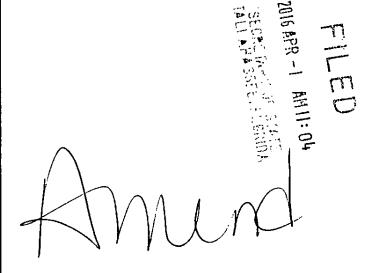
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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I ALBRITTON

#### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ANYI-YANDY		
	BER: P16000027121		
The enclosed Articles	of Amendment and finale sul	bmitted for tiling.	
Please return all corre	spondence concert. हे हैं कि smat	ger to the following:	
	YANDY ORTIZ		
		Name of Contact Perso	π
		Firm/ Company	
	7611 N BOULEVALD		
		Address	
	TAMPA, PLOSSES		
		City/ State and Zip Coo	le
YOR	TIZTAMPA@GV/JULCOM		
<del></del> .	E-mail address, it to be us	ed for future annual repor	t notification)
For further informatio	n concerning this matter pleas	e call:	
YANDY ORTIZ		at ( 813	520-7128
Name	of Contact Presen	Area Co	ode & Daytime Telephone Number
Enclosed is a check fo	or the following ancet at made p	payable to the Florida Dep	artment of State:
\$35 Filing Fee	□\$43.75 Filing Lee & Certificate of Sectus	☐\$43.75 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		Amer Divis	t Address Idment Section Idment Corporations In Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of ANYI-YANDY CORP



(Name of a separation as currently filed with the Florida Dept. of State)

### P16000027121

	Chagament Number of Corporation	on (if known)
Pursuant to the provisions of section 637.1 16 its Articles of Incorporation:	. Forida Statutes, this Florida Pro	ofit Corporation adopts the following amendmen
A. If amending name, enter the new name of	f the corporation:	
N/A		The new
name must be distinguishable and constant "Corp.," "Inc.," or Co.," or the assignation word "chartered," "professional association,	· 'Corp." "Inc," or "Co". A pr	any," or "incorporated" or the abbreviation of of the opening of t
B. Enter new principal office addivess, 17 an (Principal office address 1115 Tele 4 1 184)	plicable: N/A (N/A (N/A (N/A (N/A (N/A (N/A (N/A	
· · · · · · · · · · · · · · · · · · ·		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST 1000)	EI N/A	
D. If amending the registered agent 2500or	registered office address in Flor	rida, enter the name of the
new registered agent and/or the 55% 1.2	ratered of fice address:	
Name of New Registered As ent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if change I hereby accept the appointment as registered.	g <mark>ing Registered Agent:</mark> agent. I am familiar with and ac	ecept the obligations of the position.

Signature of New Registered Agent, if changing

## If amending the Officers and/or Diversess, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Diversession added:

(Attach additional sheets, if necessary)

Please note the officer/director titl. So the second of the office title.

P = President, V = Vice President, V =

Changes should be noted in the following support. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the curposate of 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 Sall Smith. Smith is named the V. and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sall Smith.

Example: X Change	<u> </u>	10/25 12.	•
X Remove	Σ'.	MERCHANICS	
X Add	<u>s</u> <u>v</u>	<u>Set to avoid to a constant of the constant of</u>	
Type of Action (Check One)	Title	None	<u>Addres</u> s
1) Change	VP	E/LIO E SUAREZ	8305 REGINA PL
X Add			TAMPA, FL 33615
Remove			
2) Change			
Add		ı	
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding adding adding and Actions, enter change(s) here:  (Attach additional sheets, if new sources the specific)
N/A
·
F. If an amendment provides for an even some reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicat, New N/A

The date of each amendment	s) play see, if other than
date this document was signed	93.20%/W.
Effective date if applicable:	(no nore than 90 days after amendment file date)
	his block out not need the applicable statutory filing requirements, this date will not be listed as a Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	e activities on the shareholders. The number of votes cast for the amendment(s) re-specification the approval.
	approved by the shareholders through voting groups. The following statement if for which with group entitled to vote separately on the amendment(s):
	east (broom unerdment(s) was/were sufficient for approval
by	rating group)
☐ The amendment(s) was/wer action was not required.	egeneted of the board of directors without shareholder action and shareholder
☐ The amendment(s) was/wer action was not required.	e adopted in the incorporators without shareholder action and shareholder
03/29 Dated	20; .
Signature	2)4
Se	Advanced recovers dent or other officer – if directors or officers have not been ected by the eccorporator – if in the hands of a receiver, trustee, or other court pointed if the any by that fiduciary)
	YAND, PITTZ
	Clyped or printed name of person signing)
	Mention Man
	(Title of person signing)