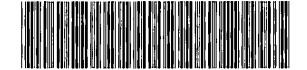
PLODOGAL

(Requestor's Name)	
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PICK-UP WAIT	MAIL
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Special Instructions to Filing Officer:	
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Office Use Only



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L/Ly/18 Amel Rwhite ATON MAINS SELECTION WALLAHASSEE, FLORIO

COVER LETTER

TO: Amendment Section Division of Corpo			
NAME OF CORPOR	ATION: Yases	I Inc.	
DOCUMENT NUMB	ER:		-
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	wali	Anbar	
•		Name of Contact Persor	1
	10812 100	Firm/Company IKOW W. #	3,2
	_ 030~ 00	Address	300
_	orlandi	City/ State and Zip Code	21
		dity/ State and Zip Code	¢
\	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Wali AV	f Contact Person	at (<u>407</u> Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made [payable to the Florida Depa	irtment of State:
S35 Filing Fee	□\$43.75 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)
	ing Address		Address
	ndment Section sion of Corporations		ment Section on of Corporations
	Box 6327		Building
	hassee, FL 32314		xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

FILED

Jasses Tr	of	2670	APR -4	PM 5: 00
(Name of Corpo	oration as currently filed	with the Florida Dep	ATASSE	UF STATE. E. FLORIN
(Do	ocument Number of Corpo	ration (if known)		
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida</i>	a Profit Corporation a	lopts the foll	lowing amendment(s) to
A. If amending name, enter the new name of th	<u>ie corporation:</u>			
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp," "Inc," or "Co"	ompany," or "incorpe A professional corpore	rated" or t	The new the abbreviation must contain the
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or reginew registered agent and/or the new registered agent.	istered office address in l	Florida, enter the nan	ne of the	
Name of New Registered Agent	the Allborr			
	(Florida street addr	ess)		
New Registered Office Address:	(City)		, Florida	(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		d accept the obligation.	s of the posit	tion.
	Signature of New Register	ed 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	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	?.	Asif Akbar	aath Airport Blud.
Add Remove			pensaala, Fl. 32504
2) Change	1	Julie Arbar	2277 Airport Blud.
Add Remove	Mh,	INOLI AKKAT	fensacola, fil. 32504 6802 wilkow Dr. #30
3) Change Add	(<u>' (((, </u>	COCC FROM	orlando, Fl. 32821
Remove			
4) Change Add			
Remove			
5) Change			
Add Remove			
6) Change Add			
Remove			

amending or adding additional Arti- ttach additional sheets, if necessary).	(Be specific)			
	.			
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	<u> </u>	·		
				
an amendment provides for an exch	anoe reclassificati	on or cancellation of i	scued chares	
rovisions for implementing the ame (if not applicable, indicate N/A)				
Wali Axbar	owns	100 70	Shares	
		_		

The date of each amendment(s) adoption:	4/09 /2018, if other than t
date this document was signed.	
Effective date if applicable:	
(no mor	e than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's recommendate.	ne applicable statutory filing requirements, this date will not be listed as the cords.
Adoption of Amendment(s) (CHECK ON	<u>(E)</u>
☐ The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	ers. The number of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the sharehol must be separately provided for each voting group en	
"The number of votes east for the amendment(s)	was/were sufficient for approval
by(voting group	
(voting group	9
The amendment(s) was/were adopted by the board of c action was not required.	firectors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporate action was not required.	tors without shareholder action and shareholder
Dated 04/04/2018	
Signature Juli AL	bor
(By a director, president or of	ther officer – if directors or officers have not been
selected, by an incorporator - appointed fiduciary by that fi	- if in the hands of a receiver, trustee, or other court
11	. 0.1
Ju	lie Akkar
(Typed or	printed name of person signing)
V	ice President
- 11	(Title of person signing)