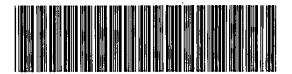
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(Re	questor's Name)			
. (Ad	dress)			
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(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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SECRETARY OF STATE

O. CARROTHERS

COVER LETTER

Division of Corporations
NAME OF CORPORATION: YOUR NEW FLORIDA INC DOCUMENT NUMBER: P160000 34665
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person VOUR NEW FIONION INC
13/8/ NW/S
PEM Prolle PINES F/ PROZZ
City/ State and Zip Code ROCCO INT LAND D A of. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
KOCCO TOSCANO at 954, 2247235
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)

TO: Amendment Section

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

Plane of Corporation	on as currently filed with the Florida Dept. of State)
(Docum	nent Number of Corporation (if known)
•	a Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the co	orporation:
	The new
(Principal office address <u>MUST BE A STREET ADD</u>	
	22.00
	2 (4) C
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.)X)
(Maning and Co.)	To the second se
D. If amending the registered agent and/or register new registered agent and/or the new registered	rea office address in Fioriaa, enter the name of the
	onte audress.
Name of New Registered Agent	
	(Florida street address)
Non-Resistant Office Address	
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	zistered Agent: I am familiar with and accept the obligations of the position.
Sign	nature 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:	DT	tal D	
X Change	<u>PT</u>	John Doe	
X Remove	¥	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	V	CAMILA MULAD	8430 NADMAR AU
Add			<u> 0003 UNION FI</u> 3343
Remove		Haria Ca il Ha	
2) Change	\checkmark	MARIA CAMILA MARATA	7430 Maganon AVE
Add			By O Mysamar 1)VE
Remove			1004 WARD PT 1979
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			- <u></u> -
5) Change			
Add			
Remove			
6) Change			- 10 Control of the c
Add			<u>. </u>
Remove			

	(Be specific)
· · ·	
	- ,
	
•	
	
an amendment provides for an exch provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	•
······································	
 	

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 date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I 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 amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
'yy"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
action was not required.	
Dated 6-6-/6	
Signature X Julie Rence Joscano	
(By a director) president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Julié Kéweé Toscow	9
(Typed or printed name of person signing)	
Masioin / Owner	<u>-</u>
(Title of person signing)	