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Amend

APR 2.7 2020 LALBRITTON

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: YOS IN C
NAME OF CORPORATION: YOS INC. DOCUMENT NUMBER: P1600061078
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
Firm/ Company
Tallahauce, Florisa-3230) City/ State and Zip Code
Tallahauce, From 1a-3230) City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (516) 528-4385 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 \ Certified Copy (Additional Copy is enclosed) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

NOS IK	·C				
(Name of Corporation as currently filed with the Florida Dept. of State)					
P16000061078					
(Document Number of	Corporation (if known)				
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to				
A. If amending name, enter the new name of the corporation:					
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."					
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1409-South Adams Street Tallahasice, Florida-3230)				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
D. If amending the registered agent and/or registered office address:	·				
Name of New Registered Agent Milesh Me	chtq				
1409-South	Hamistreet, Tallahaucc, F1-3230				
New Registered Office Address: 1409-5- Atam					
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.				
Signature of New Reg	T .				
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (example of the content of the conten), F.S.				

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.

X Change	PT John D	<u>loe</u>	
X Remove	<u>V</u> <u>Mike J</u>	ones	
X Add	<u>SV</u> <u>Sally S</u>	<u>mith</u>	
Type of Action (Check One)	Title	Name	Address
l)Change	President	Shi Vangi Mehta	1409-5-Alamsstreet Tallahassec, Florida-3230
Add			Tallahassic, Florita-3230
Remove			
2) Change	President	Nimisha mehta	1409-J-Adamistreet Tallahousee, Front 19-2230
			Tallahousec, Front 19-3230
Remove Change		 	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		 	
Add			
Remove			

	(Be specific)
-	
	X
	
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	nge, reclassification, or cancellation of issued shares,
ovisions for implementing the amend	nge, reclassification, or cancellation of issued shares, Iment if not contained in the amendment itself:
ovisions for implementing the amend	
ovisions for implementing the amend (if not applicable, indicate N/A)	ment if not contained in the amendment itself:
ovisions for implementing the amend (if not applicable, indicate N/A)	ment if not contained in the amendment itself:
ovisions for implementing the amend (if not applicable, indicate N/A)	ment if not contained in the amendment itself:
ovisions for implementing the amend (if not applicable, indicate N/A)	

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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 4-1-20 (APN) 15+ 2020) (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 we document's effective date on the Department of State's records.	rill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action a action was not required.	nd shareholder
☐ 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	
by" (voting group)	
(voting group)	
Signature (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)	
(Typed or printed name of person signing)	
(Title of person signing)	