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SECRETARY OF STATE

NOV 2 2 2016 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: YMI	3.com, Inc.
DOCUMENT NUMBER: 16000074	
The enclosed Articles of Amendment	
Please return all correspondence conc	rning this matter to the following:
Joseph Carrino	
	Name of Contact Person
YMPB.com, In	
	Firm/ Company
2295 NW Corp	• •
	Address
Boca Raton, FI	33431
	City/ State and Zip Code
jmc102070@yahoo.c	m
E-mail add	ess: (to be used for future annual report notification)
For further information concerning thi	matter, please call:
Joseph Carrino	at ()
Name of Contact Perso	at () Area Code & Daytime Telephone Number
Enclosed is a check for the following	mount made payable to the Florida Department of State:
\$35 Filing Fee \$343.75 I Certifica	ling Fee & Status Status Status Status Certified Copy Certified
Mailing Address Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	Clifton Building

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

YMPB.com, Inc.				
(<u>Name</u>	of Corporation as currently fil	ed with the Florida Dept. of State	9	
P16000074531				
	(Document Number of Co	rporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this <i>Flor</i>	rida Profit Corporation adopts the	following amendm	ent(s) to
A. If amending name, enter the new n	ame of the corporation:		_	
name must be distinguishable and con	tain the word "corneration"	"company" on "incorporated" o	The new	
"Corp.," "Inc.," or Co.," or the design				
word "chartered," "professional associa	tion," or the abbreviation "P.A.			~
B. Enter new principal office address,	if annlicable:		13 (V)	GEST
(Principal office address MUST BE A S				2816 NOV 17 AM 12:
			프	=
			SS. 78	7
	_		<u> </u>	>>
C. Enter new mailing address, if appli			FES	<u> </u>
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u>)		<u></u>	
			<u>5</u> m),t
	_			
D. ICdididdd		to Filesta. A da e e cat		
D. If amending the registered agent an new registered agent and/or the new		in Florida, enter the name of the		
	Joseph Carrino			
Name of New Registered Agent				
	(same as original address)			
	(Florida street a	ddress)		
New Registered Office Address:		, Florida		
	(Ciņ	v)	(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agent:			
I hereby accept the appointment as regist	ered ægent. /I am familiár with	and accept the obligations of the po	osition.	
,				
4	/ M m		,	
	/ Signature of New Regis	tered Agent, if changing	 	
/	/	Maring II summaring		

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	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change	P/CEO	Sharif Mikhail		Same corp. address
Add				
X Remove				
2) Change	P/CEO	Joseph Carrino) <u> </u>	same corp. addres
X Add				
Remove				
3) Change		·		
Add				
Remove				
4) Change	•	· ————		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add			- 10 - 10 - 10 - 10	
Remove				

amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

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 not be listed as the document's effective date on the Department of State's records.
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
by" (voting group)
(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.
11/11/16 Dated
Signature M/ An
(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)
Joseph Carrino
(Typed or printed name of person signing)
P/CEO
(Title of person signing)