P160000 81762

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: YoSams Unlimited	. Inc.				
	IBER: P16000081762					
	s of Amendment and fee are su	bmitted for filing.				
Please return all corr	espondence concerning this ma	tter to the following:				
	Kevin Jensen					
		Name of Contact Persor	L			
	YoSams Unlimited, Inc.					
	Firm/ Company					
	4010 Warehouse Rd, Unit B					
	Address					
	Ft. Myers, FL 33916					
	City/ State and Zip Code					
	kjensen@1800radiator.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further informati	on concerning this matter, pleas	se call:				
Kevin Jensen		785 at (230-4585			
Name	e of Contact Person		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	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

20 šPR -6 - 위에 2: 네기

Articles of Amendment to Articles of Incorporation of

YoSams Unlimited, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P16000081762 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 in Florida, enter the name of the new registered agent and/or the new registered office address: Kevin L. Jensen Name of New Registered Agent 4010 Warehouse Rd, Unit B (Florida street address) Ft. Myers New Registered Office Address (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), 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.

Example: 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) X Change	PT	Kevin L. Jensen	4010 Warehouse Rd, Unit B
Add			Ft. Myers. FL 33916
Remove			
2) Change	<u>T</u>	Stephanie K. Jensen	4010 Warehouse Rd, Unit B
Add			Ft. Myers, FL 33916
X Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additional sh</i>	ing additional Art neets, if necessary).	(Be specific)				
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f an amendment p	lementing the am	nange, rectassin endment if not c	cation, or cancer ontained in the a	mendment itself:	iares,	
provisions for imp (if not applicat	ble, indicate N/A)			······································	-	
	,		· · ·	· -		
						

The date of each amendment(s) add	option:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, artment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop action was not required.	oted by the incorporators, or board of directors without sharehol	der action and shareholder
The amendment(s) was/were adop by the shareholders was/were suf	nted by the shareholders. The number of votes cast for the amer ficient for approval.	ndment(s)
	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendment	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	.	
	(voting group)	
Dated 4-/	-2020	
Signature		
(By a dir selected.	ector, president or other officer – if directors or officers have no by an incorporator – if in the hands of a receiver, trustee, or of d fiduciary by that fiduciary)	
-	(Typed or printed name of person signing)	
	,	
-	Presi Dent Treasurer (Title of person signing)	
	(Title of person signing)	