P16000087594

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: YMGC MANAGEME	NT SERVICES INC				
DOCUMENT NUMBER: P16000087594	a vanava aa vaa aa vaa aa vaa aa vaa aa vaa aa				
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter	the following:				
	Name of Contact Person				
	Firm/ Company				
	Address				
	City/ State and Zip Code				
	nty/ state and 2.10 code				
E-mail address: (to be used (or future annual report notification;				
For further information concerning this matter, please ca	il:				
	at () Area Code & Daytime Telephone Number				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payer	ble to the Florida Department of State:				
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)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, 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 of

FILED

2019 DEC 27 P 5: 34

YMGC MANAGEMENT SERVICES INC

SECRETARY OF STATE

(Name of Corporation as currently filed with the Floriat DAHASSEE) FLORIDA P16000087594 (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: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida (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

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 us 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>	<u>Addres</u> s .
1) Change	P	MARTA CASCO	2801 NW 106TH ST
Add X Remove			MIAMI, FL 33147
2) Change	P	FELIPE MIRANDA	2801 NW 106TH ST
X Add			MIAMI, FL 33147
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			**************************************
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
	Name	
	,	

f an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued sha endment if not contained in the amendment itself:	res,
<u>.</u>		

The date of each amendment(s) ado	ption:	, 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 blo document's effective date on the Department.	ck does not meet the applicable statutory fiting requirements, this date rtment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	wed by the shareholders through voting groups. The following statement ich voting group entitled to vote separately on the amendment(s):	ı
"The number of votes cast to	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
■ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
11/03/2016 Dated		
Signature Ma	uta Casco	
(By a flire selected.	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court if fiduciary by that fiduciary)	
N	MARTA CASCO	
_	(Typed or printed name of person signing)	
Р	RESIDENT	
_	(Title of person signing)	