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SECRETARY OF STATE
PALLAHASSEE, ELORDA

COVER LETTER

TO: Amendment Section Division of Corporations

YES U DRIVE IN NAME OF CORPORATION:	C.	
P17000005829 DXCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Kim Motche	Name of Contact Person	
•	Name of Contact Person	
yes u drive		
850 Centr	Werne Ste 201	
Naples 1	2 34102 034500 2175 021	
· ·	City/ State and Zip Code	
galitsagiv@gmail.com		
E-mail address: (to be us	sed for future annual report notification)	
For further information concerning this matter, please	se call:	
shimi	9545880001 at ()	
Name of Contact Person	at () Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made	payable to the Florida Department of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address	· Street Address	
Amendment Section		
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

YES U DRIVE INC	UI
(Name of Corporation as curr	ently filed with the Florida Dept. of State)
P17000005829	,
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>:</u>
	The new
name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	ation," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. <u>Enter new principal office address</u> , if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	± Zu z
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Ste 201 Naples, Florida 39002
D. If amending the registered agent and/or registered office a	
new registered agent and/or the new registered office add	ress:
Name of New Registered Agent Sto Con-	ral Avenue a street address)
New Registered Office Address: Naves	(City), Florida 3462.
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am family Signature of Ne	ent: For with and accept the obligations of the position. When the control of the position of the position. When the control of the position of the position.

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	PT John	<u>i Doe</u>	
X Remove	<u>V Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	MONTEAGUDO, YANET	2880 SW 16TH ST MIAMI, FL 33
Add			
Remove	i l	Just Be 11 LLC	850 central ave suite 201
2) Change x Add	Mar		Naples Fl. 34102
Remove 3) Change X Add	Mar	Shimi Avni	5501 sw 8 st plantation fl 33317
Remove 4) Change	Mgr	Eckhart 1111 LL.C	850 central ave suite 201 Naples FL 34102
Remove			
5) Change Add			
Remove			
6) Change			_
Add			
Remove			

f amending or adding additional Arth Attach additional sheets, if necessary).	(Be specific)	
		_
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	

	9/27/2017	
The date of each amendment(s) a date this document was signed.	doption:	if other than the
Effective date if applicable:	<u> </u>	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will partment of State's records.	ll not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.	
	proved by the shareholders through voting groups. The following statement 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 add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
9/27/2017		
Dated		
Signature		
	irector, president or other officer - if directors or officers have not been d, by an incorporator - if in the hands of a receiver, trustee, or other court	
	ted fiduciary by that fiduciary)	
T.F.	Shimi Avni	
	(Typed or printed name of person signing)	
	(Typed of printed name of person signing)	
	(Title of person signing)	