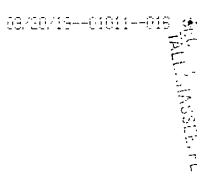
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodinent (Valliber))
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>









COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: YYCS Enterprise SINC DOCUMENT NUMBER: _ P170000 21880 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jestor pinzon
Name of Contact Person Name of Contact Person

All Business Solutions.

Firm/ Company

7300 W MC Nalo Rd Ste 214

Address

Tamarac F(33321

City/ State and Zip Code

N pinzon @ All B Solutions. com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:)65+01 Pinzon. at (954) 366 4237

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 □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

YYCS ENternaises TNC

	i i arnaryiian acciirrenia	filed with the Florid	a Dent of State	.)
Y110000	21880	THE WILL THE FIORE	<u>a 190pt, of Grane</u>	.,
	(Document Number of	Corporation (if known)	<u>-</u>
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006. Florida Statutes, this I	Florida Profit Corpora	tion adopts the (following am
A. If amending name, enter the new nar	me of the corporation:			
name must be distinguishable and conte "Corp.," "Inc.," or Co.," or the designa word "chartered," "professional associati	ttion "Corp," "Inc," or "C	Co". A professional e	ncorporated" o orporation nam	The r the abbrev e must conta
B. Enter new principal office address, if (Principal office address <u>MUST BE A ST</u>				2019 SE
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O				MASSES EL
D. If amending the registered agent and new registered agent and/or the new			ne name of the	
Name of New Registered Agent	— · · · · · · · · · · · · · · · · · · ·	con Blud	5te 213	
New Registered Office Address:	Fort mys		Florida_	3390 (Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe.	<mark>anging Registered Agent:</mark> red agent. I am familiar w	ith and accept the obli	gations of the pe	osition.

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 titaddress 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; Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter 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 a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: \underline{X} Change	<u>РТ</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>Nam</u>	<u>ne</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3.) Change				
Add				
Remove				
4) Change				
Add				
Remove				
Change				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

. ceach deallaman 3/16	vets, if necessary).	(Be specific)				
						
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<u>If an amendment pr</u>	rovides for an exch:	ange, reclassific	ation, or cancell	ation of issued	<u>shares.</u>	
(if not applicab	lementing the amerole, indicate N/A)	<u>iament ii noi co</u>	ntaniệu m thể a	mendinent use	<u>ii:</u>	
,,,	,					
		 				
						
						

The date of each amendment(s) addate this document was signed.	doption:	if
-		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	_
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not partment of State's records.	t
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) fficient 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 east	for the amendment(s) was/were sufficient for approval	
by	(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	
Dated9] Signature2	10/19 1:10	
(By a d selecte	de by an incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)	
	Santos cardona	
	(Typed or printed name of person signing)	
	<u>President</u>	
	(Title of person signing)	