01700000 49473

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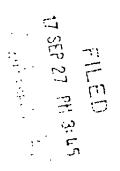


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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: YO PINTO MI BI	BLIA, INC	
	BER: P17000049473		· · · · · · · · · · · · · · · · · · ·
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	JOIDY M FIGUEROA		
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Person	n
	YO PINTO MI BIBLIA, INC	3	
		Firm/ Company	
	14266 WARD RD		
		Address	
	ORLANDO, FL 32824		
		City/ State and Zip Cod	e
und	iamejor89.1fm@gmail.com		V
	E-mail address: (to be us	sed for future annual report	
For further information	on concerning this matter, pleas	se call:	
JOIDY M FIGUEROA		407 at (744-4410
Name	Name of Contact Person at (407) 744-4410 Area Code & Daytime Telephone Number		de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 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		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

' Articles of Amendment to Articles of Incorporation of

YO PINTO MI BIBLIA, INC		
	currently filed with the Florida Dept. of State)	
P17000049473		
(Document Nu	umber of Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florida Statute its Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following	amendment(s) to
A. If amending name, enter the new name of the corporati	ition:	
name must be distinguishable and contain the word "corp" "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc, word "chartered." "professional association," or the abbrevi	c," or "Co". A professional corporation name must c	The new breviation ontain the
B. Enter new principal office address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADDRESS	<u>S</u>)	17
		B n
	 	
C. Enter new mailing address, if applicable:	光光	<u>سا</u> هـ
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		<u>-≃-</u> □
	<u></u>	-
		ហ
		 _
D. If amending the registered agent and/or registered offic new registered agent and/or the new registered office a		
new registered agent and/or the new registered ornee a	address.	
Name of New Registered Agent		
<u></u>		
(Flo	ilorida street address)	
New Registered Office Address:	, Florida	
	(Ciţv) (Zip C	ode)
New Registered Agent's Signature, if changing Registered	.d. 4 m	
I hereby accept the appointment as registered agent. I am fai	amiliar 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 as an Add.

Example: XChange	<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>	Name	Address
1) Change	VP	MARENID VARGAS	14266 WARD RD
X Add	·		ORLANDO, FL 32824
Remove			
2) Change	S	WILLIAM A. GUTIERREZ	14266 WARD RD
X Add			ORLANDO, FL 32824
Remove			
3) Change		<u>-</u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			<u> </u>
Add			
Remove			
6) Change		<u> </u>	
Add			
Damoua			

(Aua	mending or adding additional Articles, enter change(s) here: sch additional sheets, if necessary). (Be specific)
LEAS	SE ADD EIN NUMBER - 82-1747957
-	
_	
1.0	
. <u>II a</u> <u>pr</u>	n amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
-	
-	

	06/21/2017	
The date of each amendment(s) adol date this document was signed.	otion:,	, if other than the
06/21/	2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file da	te)
Note: If the date inserted in this blo document's effective date on the Depa	ck does not meet the applicable statutory filing requirement of State's records.	ents, this date 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 a cient for approval.	mendment(s)
	ved by the shareholders through voting groups. The followich voting group entitled to vote separately on the amenda	
"The number of votes cast fo	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	i shareholder
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and sha	reholder
06/21/2017		
Dated	Ly M. Figuerta	
Æy a dire selected.	oror, president or other officer – if directors or officers have by an incorporator – if in the hands of a receiver, trustee, o I fiduciary by that fiduciary)	
J	DIDY M FIGUEROA	
-	(Typed or printed name of person signing)	
Р	RESIDENT	
-	(Title of person signing)	