P18000023742

(R	equestor's Name)		
(A	ddress)		
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(D	ocument Number)		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: YONY BUSINES	S CORP	
DOCUMENT NU	MBER: P18000023742		
	les of Amendment and fee are su	bmitted for filing.	
Please return all co	rrespondence concerning this ma	tter to the following:	
	YONIEL PEREZ		
		Name of Contact Perso	n
	OWNER		
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·
	322 SW 26TH PL		
		Address	-
	CAPE CORAL, FL 33991		
	 	City/ State and Zip Cod	le
IN	FO@DIRECTSOLUTIONSER	VICES.COM	
_	•	sed for future annual report	notification)
For further informa	tion concerning this matter, pleas	se call:at (327-1048
Nan	ne of Contact Person	at (Area Co)ode & Daytime Telephone Number
Enclosed is a check	for the following amount made		·
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 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 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		dment Section on of Corporations on Building Executive Center Circle	

Articles of Amendment to Articles of Incorporation of

YONY	RUIS	NESS	$C \cap RP$
1 (1)	DUS.	111111111111111111111111111111111111111	CORE

(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of	(State)
P18000023742			
<u> </u>	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006. Florida Statutes, thi	is Florida Profit Corporation adopt	is the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
name must be distinguishable and con "Corp.," "Inc.," or Co" or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corporation	
B. Enter new principal office address,	if applicable:	322 SW 26TH PL	
(Principal office address MUST BE A STREET ADDRESS)		CAPE CORAL, FL 33991	16 6
			超轰四
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		322 SW 26TH PL	-8 P
<u> </u>		CAPE CORAL, FL 33991	6:
			20 F
D. If amending the registered agent an new registered agent and/or the new			<u>of the</u>
Name of New Registered Agent	MARIA EDELYS GON	ZALEZ PINE	
	322 SW 26TH PL		
	(Florida s	street address)	
New Registered Office Address:	CAPE CORAL		33991 orida
		(City)	(Zip Code)
Non-Barkana di Anna da Circa d		·	(
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agent. I am familian	<u>nt:</u> r with and accept the obligations of	the position.
	and .		·
	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: 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) Change	Р	YONIEL PEREZ	322 SW 26TH PL
Add			CAPE CORAL, FL 33991
X Remove			
2) Change	P	MARIA E GONZALEZ PINE	322 SW 26TH PL
X Add			CAPE CORAL, FL 33991
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)	
		
		-
		
		
		
If an amendment provides for an exch	nge, reclassification, or cancellation of i	ssued shares.
provisions for implementing the amer	dment if not contained in the amendmen	nt itself:
(if not applicable, indicate N/A)		
· · · · · · · · · · · · · · · · · · ·		

	03/06/2019		
The date of each amendment(s date this document was signed.) adoption:		, if other than the
	3/06/2019		
Effective date <u>if applicable</u> : _	(no more than 90 day	ys after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable Department of State's records.	statutory filing requirements, this dat	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were by the shareholders was/were		nber of votes cast for the amendment(s))
	approved by the shareholders through for each voting group entitled to vote.	voting groups. The following statement separately on the amendment(s):	भा
"The number of votes o	ast for the amendment(s) was/were suf	ficient for approval	
by	(voting group)	"	
	(voting group)		
☐ The amendment(s) was/were action was not required.	adopted by the board of directors with	out shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without s	hareholder action and shareholder	
03/06/2	019		
Dated		_	
	# /_		
Signature ///	á director, president or other officer –	10.11	
sele	a director, president or other officer — cted, by an incorporator — if in the han pinted fiduciary by that fiduciary)	is directors or officers have not been ids of a receiver, trustee, or other court	
	MARIA E GONZALEZ PINE		
	(Typed or printed name	of person signing)	
	PRESIDENT		
	(Title of per	rson signing)	

. . .