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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: YUBIRI REINA I	REALTOR, INC	
DOCUMENT NUMB			
	of Amendment and fee are st	ibmitted for filing.	
Please return all corres	pondence concerning this ma	itter to the following:	
	YUBIRI REINA		
		Name of Contact Person	n
		Firm/ Company	<u> </u>
	3819 W OBISPO ST		
	TAMPA, FL 33629	Address	
-		City/ State and Zip Cod	e
YREI	NA.288@GMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
YUBIRI REINA		at (<u></u> 813	613-2557
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	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)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address indiment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

YUBIRI REINA REALTOR, INC.

TODIKI KEINA KEALTOK, INC	
(Name of Corporation as c	currently filed with the Florida Dept. of State)
P18000039548	
(Document Nu	amber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutits Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	tion:
YUBIRI REINA, INC	The new
	rporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the station "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	
 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered off new registered agent and/or the new registered office 	
Name of New Registered Agent	
	lorida street address)
New Registered Office Address;	. Florida
Ten regime en vyree ride ens.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo	amiliar with and accept the obligations of the position.
Signature o	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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	-		
Add			
Remove			.
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	cles, enter change(s) here (Be specific)			
		-		
				
		·		
,				
			•	
		4		
			<u> </u>	
If an amendment proyides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or ndment if not contained i	cancellation of issued in the amendment itse	shares, lf:	
			-T-1	
-				
	<u>.</u>			

	SEPTMEBER 11, 2018
The date of each amendment(s) date this document was signed.	idoption:, if other than t
	PTEMBER 11, 2018
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the f	block does not meet the applicable statutory filing requirements, this date will not be listed as a department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were as by the shareholders was/were:	lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	t for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	lopted by the incorporators without shareholder action and shareholder
SEPTEM Dated	BER 11, 2018
Signature Signature	Mon Gerna
(By a selec	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	YUBIRTREINA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)