## P180000 49000

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

Office Use Only



400317552634

06/27/18--01028--028 \*\*35.60

SECRITMEY OF STATE

NA

AUG 2 8 2818

T. Brown

## COVER LETTER

•**TO**: Amendment Section Division of Corporations

NAME OF CORPORATION: FURNITURE OUTLET OF ORLANDO INC						
	0000040000					
The enclosed Articles of Amen	ndment and fee are su	bmitted for filing.				
Please return all correspondence	ce concerning this mat	tter to the following	ng:			
LOREN	LORENA C RIOS					
<del></del>		Name of Cont	act Persor	1		
TAX ZO	TAX ZONE INC					
		Firm/ Cor	прапу			
8865 C	8865 COMMODITY CIRCLE STE 4					
		Addre	:SS			
ORLAN	IDO, FL 32819					
		City/ State and	l Zip Code	ن		
LORENA@T	AXZONEFL.COM					
E-n	nail address: (to be us	ed for future anni	ual report	notific	ration)	
For further information concerning this matter, please call:						
LORENA RIOS		at (	407	)	888-3131 Daytime Telephone Number	
Name of Contac	et Person	·	Area Co	de & I	Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State;						
<del>-</del>	43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop (Additional conclosed)	рy	C C (/	52.50 Filing Fee ertificate of Status ertified Copy additional Copy s enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301				

## Articles of Amendment to

## Articles of Incorporation

	Articles of Ar to	
	Articles of Inco	orporation
	of	y filed with the Florida Dept. of State)  (Corporation (if known)
FURNITURE OUTLET OF ORLANDO	<u> </u>	an D
' <del></del>	of Corporation as currently	y filed with the Florida Dept. of State) H AUG 27
P18000049000		MATCHER P HS
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607, ts Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adopts the following amendments to
A. If amending name, enter the new na	me of the corporation:	
YELLOWX CORP		The new
word "chartered," "professional associa B. <u>Enter new principal office address, i</u> (Principal office address <u>MUST BE A ST</u>	if applicable:	8330 CARAWAY DR ORLANDO, FL 32819
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		8330 CARAWAY DR
		0RLANDO, FL 32819
(Mailing address MAY BE A POST (  ). If amending the registered agent an	OFFICE BOX) d/or registered office addr	ORLANDO, FL 32819
(Mailing address <u>MAY BE A POST (</u>	<u>()FFICE BOX</u> ) <u>d/or registered office addr</u> v registered office address:	ORLANDO, FL 32819
(Mailing address MAY BE A POST (  ). If amending the registered agent an	OFFICE BOX) d/or registered office addr	ORLANDO, FL 32819
(Mailing address MAY BE A POST (  ). If amending the registered agent an new registered agent and/or the new	<u>()FFICE BOX</u> ) <u>d/or registered office addr</u> v registered office address:	ORLANDO, FL 32819
(Mailing address MAY BE A POST (  ). If amending the registered agent an new registered agent and/or the new	OFFICE BOX)  d/or registered office address:  MEHDI TONY LAZRAK	ORLANDO, FL 32819  ress in Florida, enter the name of the
(Mailing address MAY BE A POST (  D. If amending the registered agent an new registered agent and/or the new	d/or registered office addr v registered office address: MEHDI TONY LAZRAK 8330 CARAWAY DR	ORLANDO, FL 32819  ress in Florida, enter the name of the

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. I am familiar 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.

X Change	PT	John Doc	
X Remove	Ā	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	VP	TOURIA LAZRAK	6150 C EDGEWATER DR
Add			ORLANDO, FL 32810
X Remove			
2) Change			
Add			
Remove			<u> </u>
3)Change			
Add			
Remove			
4) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			·
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
THE COMPANY PURPOSE NEEDS TO BE CHANGED TO RENTAL OF ELECTRIC SCOOTERS.
PLEASE ADD EIN 83-0739600
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

	8/24/2018	
The date of each amendment(s) a	idoption:	, if other than the
date this document was signed.		
	4/2018	
Effective date if applicable:	(no more than 90 days afte	r amendment file date)
Note: If the date inserted in this document's effective date on the E		ory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of ufficient for approval.	votes cast for the amendment(s)
	proved by the shareholders through voting reach voting group entitled to vote separa	
"The number of votes cas	t for the amendment(s) was/were sufficient	for approval
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	lopted by the board of directors without sha	areholder action and shareholder
■ The amendment(s) was/were action was not required.	lopted by the incorporators without shareho	older action and shareholder
Dated © \$	24/18	
Signature	Made	
	director, president or other officer - if dire	ctors or officers have not been
	ed, by an incorporator – if in the hands of a	receiver, trustee, or other court
appoi	nted fiduciary by that fiduciary)	
	MEHDI T LAZRAK	
	(Typed or printed name of pe	rson signing)
	PRESIDENT	
	(Title of person s	gning)