## P18000079923

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Amend

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I ALBRITTON

## COVER LETTER

TO: Amendment Se Division of Cor					
NAME OF CORPO	DRATION: U INVESTMENT.	INC			
	DOCUMENT NUMBER: P18000079923				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	Yoparki Almanzar				
		Name of Contact Person	1		
	U INVESTMENT, INC				
		Firm/ Company			
	7375 NW 173 DR, APT 101				
		Address			
	HIALEAH, FL 33015				
		City/ State and Zip Code	2		
уор	arki@hotmail.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call:			
Yoparki Almanzar		at (	567-0176		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check t	for the following amount made [	payable to the Florida Depa	urtment of State:		
■ \$35 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)		
Mailing Address		Street Address			
Amendment Section		Amendment Section			
Division of Corporations		Division of Corporations			
	D. Box 6327 Unhacone FL 32314	Clifton Building 2661 Executive Center Circle			
Tallahassee, FL 32314		2001 E	Accuracy Center Cifcie		

Tallahassee, FL 32301

(yo

## Articles of Amendment to Articles of Incorporation of

(Name of Communication as as		Innida Dant of Status	
(Name of Corporation as Corporation	urrently med with the r	iorida Depi. of State)	
(Document Nu	mber of Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this <i>Florida Profit Co</i>	rporation adopts the follo	wing amendment(s) to
A. If amending name, enter the new name of the corporate	ion:		
			The new
name must be distinguishable and contain the word "corp," "Inc.," or Co.," or the designation "Corp," "Inc, word "chartered," "professional association," or the abbrevia.  B. Enter new principal office address, if applicable:	," or "Co". A professio		
(Principal office address <u>MUST BE A STREET ADDRESS</u>	)		
	<del></del>	·	-3-
		, <del>-</del>	
C. Fatan and multiple address. If applicables			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			2
			<u>_</u>
			F
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		ter the name of the	
new registered agent and/or the new registered office a	idaress.		
Name of New Registered Agent		• • •	
Flo	rida street address)		<del></del>
New Registered Office Address:		, Florida	
rew regimered office radioss.	(City)		Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent.—I am fai	miliar with and accept the	e obligations of the position	on.



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 Doc 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	$\overline{b.L}$	John De	<u>oe</u>	
X Remove	$\underline{V}$	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	PT		Alirio Rafael Malave	9472 SW 171ST PL
Add				MIAMI, FL 33196
X Remove				
2) Change		<del></del>		
Add				
Remove				
3 ) Change		<del>_</del>		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
		_		
Add Remove				
remove				



(Attach additional sheets, if necessary). (Be specific)  Alirio Rafael Malaye will be removed of the current corporation.	
Yoparki Almanzar will have 100% of the current corporation & will be PT	
· · · · · · · · · · · · · · · · · · ·	
	<del>.</del>
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)	
··· <u>-</u>	



## DocuSign Envelope ID: DAE630C8-3D4D-4C3D-9569-3389B0B399B8

	04/22/2019	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
<del>-</del>	22/2019	
Effective date if applicable:		
	(no more than 90 days after amend	ment file date)
<b>Note:</b> If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filin epartment of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes confficient for approval.	ast for the amendment(s)
	proved by the shareholders through voting groups. r each voting group entitled to vote separately on.	
	for the amendment(s) was/were sufficient for app	roval
by	(voting group)	
	(voting group)	
action was not required.	opted by the board of directors without shareholde opted by the incorporators without shareholder act	
action was not required.		
()4/22/201	9	
Dated	DocuSigned by:	
	Taget .	
Signature	B2CD8D5016E5412 .	
	director, president or other officer - if directors or	
	ed, by an incorporator - if in the hands of a receive	r, trustee, or other court
appoi	nted fiduciary by that fiduciary)	
	Yoparki Almanzar	
	(Typed or printed name of person sign	ning)
	РТ	
	(Title of person signing)	