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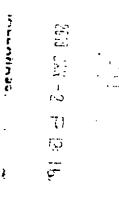
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Yellow Brick Inves	stment Group, Inc.	
DOCUMENT NUMB	ER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
	Amanda Phillips		
•		Name of Contact Person	1
		Firm/ Company	<u> </u>
	3225 McLeod Drive, Suite 10	00	
•		Address	-
	Las Vegas, Nevada 89121		
•		City/ State and Zip Cod	e
ra@ar	ndersonadvisors.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Amanda Phillips		at (800	706-4741 de & Daytime Telephone Number
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:
\$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)
Ame Divi P.O.	ling Address ndment Section sion of Corporations Box 6327 shassee, FL 32314	Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Fill on

Yellow Brick Investment Group, Inc.		2019 1441 0 -
(Name of Corporation	on as currently filed with the Florida Dept. of Sta	ite)
P18000083184		lear a
(Docum	nent Number of Corporation (if known)	THE STATE OF THE S
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts th	e following amendment(s) to
A. If amending name, enter the new name of the co	rporation:	
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the designation or the designation of the designatio	" "Inc," or "Co". A professional corporation no	or the abbreviation ame must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>X</u>)	
D. If amending the registered agent and/or register new registered agent and/or the new registered of		<u>ıe</u>
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	. Florid	fa
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered agent.		position
rneredy accept the appointment as regimered agent.	, amjamma , m, and accept the songarione sy me	Parameter
Sign	ature 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	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PTSD	Gwenette Fuller	8411 Northwest 28th Place
Add			Sunrise, Florida 33322
Remove			
2) X Change	VPD	Lynnette Kennerly	8411 Northwest 28th Place
Add			Sunrise, Florida 33322
Remove			
3) Change	S	Marilyn Tift	8411 Northwest 28th Place
Add			Sunrise, Florida 33322
X Remove			
4) Change			
Add			
Remove			-
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)	
	-	
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	<u> </u>	_
		<u>-</u>
		
	<u> </u>	
an amendment provides for an excl	ange, reclassification, or cancellation of issue	d shares,
provisions for implementing the ame (if not applicable, indicate N/A)	adment if not contained in the amendment its	<u>eli:</u>
(y not uppretune, matetae way		
		<u> </u>
		<u> </u>
	<u> </u>	

	12/14/2018
The date of each amendment(s date this document was signed.	adoption:, if other than t
	2/14/2018
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed as t Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	ast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
■ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
DatedSignature	Juvenstto Fully
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Gwennette Fuller
	(Typed or printed name of person signing)
	Director
	(Title of person signing)