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DEC 11 2018 S. YOUNG

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

4

NAME OF CORPO	RATION: NEW YORK STY	T.E 2009, CORP.	
	BER: P18000096743		
The enclosed Articles	of Amendment and fee are st	ibmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	JORGE LEYVA		
		Name of Contact Person	1
	NEW YORK STYLE 2009.	CORP.	
		Firm/ Company	
	4219 SW 15 PLACE		
		Address	
	CAPE CORAL, FL 33914		
	·-	City/ State and Zip Code	2
JORE	EMA15@GMAIL.COM		
	E-mail address: (to be u	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:at (	677-7203
Name o	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment of State:
■ \$35 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)
Ame Divi P.O.	ling Address Indigent Section Indigent S	Amendi Division Clifton 2661 E:	Address ment Section n of Corporations Building secutive Center Circle ssee, FL 32301

## Articles of Amendment to Articles of Incorporation of

NEW YORK STYLE 2009, CORP.

(Evalue of Corporation as Curr	ently filed with the Florid	a Dept. of State	)	<del></del>
P18000096743				
(Document Numb	er of Corporation (if known	<u> </u>		
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	this <i>Florida Profit Corpora</i>	ntion adopts the f	ollowing amer	idment(s)
A. If amending name, enter the new name of the corporation	:			
NEW YORK STYLE 2099, CORP.	-		77.7	
name must be distinguishable and contain the word "corport" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviation	or "Co". A professional c	ncorporated" of corporation name	The The the abbrevie must contain	ution
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	<u>_</u>		_
		<del>-</del>		<del></del> -
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A		76 <b>8</b>	<del></del>
			DEC -3	FLE
). If amending the registered agent and/or registered office a new registered agent and/or the new registered office additional and/or the new registered office and/or the new registered	iddress in Florida, enter th	ne name of the	E FLO	
Name of New Registered Agent N/A				-
(Floride	a street address)	<u> </u>	<del></del> _	
		. Florida		
New Registered Office Address:				

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	_	N/A	
Add			
Remove			<del></del>
2) Change	_		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
•			
Add			
Remove			<del>-</del>
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
ARTICLE I:
THE NEW NAME OF THE CORPORATION:
NEW YORK STYLE 2099, CORP.
***********************
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)
NONE

	NOVEMBER 29, 2018	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	2011	
Effective date <u>if applicable</u> :	ECEMBER 1st., 2018	
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date w Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were a 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 ca	ist for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
	IBER 29, 2018	
Dated	7	
a. C	Fry I	
Signature	director, president or other officer – if directors or officers have not been	
	etted, by an incorporator – if in the hands of a receiver, trustee, or other court	
	inted fiduciary by that fiduciary)	
	JORGE LEYVA	
	(Typed or printed name of person signing)	<del></del>
	PST	
	(Title of person signing)	