P19000042205

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: YAMIS PLACE S	SERVICES INC				
DOCUMENT NUM	BER: P19000042205					
The enclosed Articles	s of Amendment and fee are su	abmitted for filing.				
Please return all corre	espondence concerning this ma	tter to the following:				
	YAMILE DELGADO PENA	\				
	Name of Contact Person					
	YAMIS PLACE SERVICES INC					
		Firm/ Company				
	2484 SE 1st St					
	Address					
	Homestead, FL 33033					
		City/ State and Zip Code	e			
vam	iledelgado@live.com					
3		sed for future annual report	notification)			
		·	,			
For further information	on concerning this matter, pleas	se call:				
YAMILE DELGAD	O PENA	. 786	308-6497			
		at ()			
Name	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment 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)			
Mailing Address Amendment Section			Address ment Section			
Division of Corporations		Division of Corporations				
P.O. Box 6327 Tallahassee FL 32314		Clifton Building				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

		2010 100 10 0011 00
(Name o	of Corporation as curren	tly filed with the Florida Dept. of State)
19000042205		
	(Document Number	of Corporation (if known)
dursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s
If amending name, enter the new na	ame of the corporation:	
√A		The new
ame must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2484 SE 1st St
		Homestead, FL 33033
		2484 SE 1st St Homestead, FI. 33033
D. If amending the registered agent an new registered agent and/or the new		dress in Florida, enter the name of the
Name of New Registered Agent	N/A	_
Nume of New Registered Agent	2484 SE 1st St	
	(Florida s	treet address)
	Homestead	, Florida 33033
New Registered Office Address:		

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.

Example: X Change PT John Doe X Remove V Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action <u>Title</u> <u>Name</u> Address (Check One) VTS LAZARO NOEL SUAREZ 2484 SE 1st St 1) ____ Change Homestead, FL 33033 $_$ Add ____ Remove 2) ____ Change .. Add ____ Remove 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)	
N/A	
	
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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)	
N/A	
	<u> </u>

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date vepartment of State's records.	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	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	proved 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 cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
■ The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adaction was not required.	lopted by the incorporators without shareholder action and shareholder	
11/05/201	9	
DatedSignature	Paule Deljudo	
	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)	
	YAMILE DELGADO PENA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Tide of person signing)	