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SECRETARY OF STATE
ALLAHASSIEL FLORIDA



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: YO	OGO MS CORP		
DOCUMENT NUMBER: P19000			<u>.</u>
The enclosed Articles of Amendme	nt and fee are su	bmitted for filing.	
Please return all correspondence con	ncerning this ma	itter to the following:	
Jose F Sanch	ez.		
		Name of Contact Person	1
YOGO MS (CORP		
		Firm/ Company	
5938 S RUE	RD		
		Address	
WEST PALM	M BEACH FL 3	3415	
 		City/ State and Zip Cod	2
pedroemird@gmai	l.com		
. 35		sed for future annual report	notification)
- · · · · · ·			,
For further information concerning	his matter, pleas	se call:	
PEDRO EMIR DE LA SOTA		956	589-6666
Name of Contact Person		at (956) 589-6666 Area Code & Daytime Telephone Number	
Enclosed is a check for the following	g amount made		
	Filing Fee & cate 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

YOGO MS CORP (Name of Corporation as currently filed with the Florida Dept. of State) P19000061634 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (I-lorida street address) New Registered Office Address: Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby 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 <math>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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	P	PEDRO E DE LA SOTA	5938 S RUE RD
Add			WEST PALM BEACH FL 33415
Remove			
2) X Change	<u>s</u>	YOAMIS MENESES	5938 S RUE RD
Add			WEST PALM BEACH FL 33415
Remove			
3) Change		LEOBEL MENESES	659 E 20TH ST
Add			HIALEAH FL 33013 CO
X Remove			
4) Change			
Add			
Remove			23
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)			
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If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,	SSE VE	9	
provisions for implementing the amen	dment if not contained in the amendment itself;		<u> </u>	
(if not applicable, indicate N/A)		F. 0	2	
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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 block does not meet the applicable statutory filing requirements, this date vidocument's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
■ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	19 /
08/13/2019	AUG 16
Signature Joanis Meneral Screen.	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other cours appointed fiduciary by that fiduciary)	
PEDRO EMIR DE LA SOTA	
(Typed or printed name of person signing) Resident	
(Title of person signing)	