## P20 0000001555

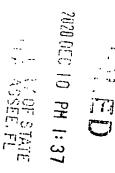
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JAN 25 2021

## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: \_\_\_\_\_YUGAMA CORP P20000001555 DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ARIADNA OJEDA Name of Contact Person **AYUDA CENTER** Firm/ Company 8230 CORAL WAY Address **MIAMI FL 33155** City/ State and Zip Code aojeda@ayudacenter.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 305 ) 971-5232

Area Code & Daytime Telephone Number ARIADNA OJEDA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☑ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy

enclosed)

**Mailing Address** 

**TO:** Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(Additional Copy is enclosed)

## Articles of Amendment to Articles of Incorporation of

YUGAMA CORP	
(Name of Corporation a	as currently filed with the Florida Dept. of State)
P20000001555	
(Document	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida States Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	pration:
	Thenew
	'corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the previation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>:SS</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 new registered agent and/or the new registered offi	
	mo =
Name of New Registered Agent	$ \omega$
	rn -
	(Florida street address)
New Registered Office Address:	(City) , Florida (Zip Code)
	(Chy) (Zip Code)
New Registered Agent's Signature, if changing Registe	
I hereby accept the appointment as registered agent. I an	n familiar with and accept the obligations of the position.
Sionata	re 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	PEREZ, ANDRES	14 NE 1ST AVENUE, SUITE 305
Add			MIAMI, FL 33132
X Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			<del></del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
If an amandment provides for an eych	nange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	<del> </del>
<u> </u>	
	·

The date of each amendment date this document was signed	t(s) adoption:, if othe	r than th
_	OCTOBER 02, 2020	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<b></b>
	this block does not meet the applicable statutory filing requirements, this date will not be lis he Department of State's records.	ited as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated	Et 7, 2020	
Cimmatura		
se	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	JUAN SOMMER	
	(Typed or printed name of person signing)	<del>-</del>
	PRESIDENT	
	(Title of person signing)	_