P20 000007354

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Amend

SEP 1 12020

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Y&C HANDYMA	AN PROFESSIONAL, INC		
DOCUMENT NUM	P2000007354			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	YAMPIER CORVO			
		Name of Contact Person	1	
	Y&C HANDYMAN PROFE	ESSIONAL, INC.		
		Firm/ Company		
	6415 WILLOW WOOD CT			
		Address		
	TAMPA, FL 33634			
		City/ State and Zip Cod	<u> </u>	
	yampiercorvo1977@yahoo.c	om		
		sed for future annual report	notification)	
For further information	on concerning this matter, plea:	se call: at (391-1305	
	of Contact Person	at (Area Co	de & Davtime Telephone Number	
	or the following amount made		•	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	iling Address		Address	
	endment Section ision of Corporations	Amendment Section Division of Corporations		
). Box 6327		entre of Tallahassee	
	lahassee, FL 32314		N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Y&C HANDYMAN PROFESSIONAL, INC.

(Name of Corporation as cur)	rently filed with the Florida Dept, of State)
P20000007354	
(Document Numb	ber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation:	, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation	en:
	The new
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co "chartered," "professional association," or the abbreviation "I	n," "company," or "incorporated" or the abbreviation "Corp.," o". A professional corporation name must contain the word P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	. W
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(irraining and cost <u>institution to the cost of the co</u>	
	
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 add	
Name of New Registered Agent	
(Floric	ida street address)
Vice Design of OW. a Charm	, Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ap hereby accept the appointment as registered agent. I am famil	sgent:
петелу ассерстве арронитет аз гедзяетей адет. Тат јата	that with and accept the obligations by the position.
Signature of Ne	ew Registered Agent, if changing
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	<u>V</u>	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	VP	LIZ KANDY CORVO PARRA	6415 WILLOW WOOD CT
X Add			TAMPA, FL 33634
Remove	т	LEOPORDO H GONZALEZ	6415 AMBASSADOR DRIVE
2) Change X Add			TAMPA, FL 33615
Remove Change			
Add			
Remove 4) Change			
Add			
Remove 5) Change			
Add			
Remove 6) Change			
Add			
Remove			

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f an amendment provides for an excl	sanna raelaccitic	ition or cancellat	on of iccuad char	Δ¢.
provisions for implementing the ame	ndment if not co	ntained in the am	endment itself:	1.71
(if not applicable, indicate N/A)				

JULY 15TH, 2020 , if other than the The date of each amendment(s) adoption: date this document was signed. Effective date if applicable: (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 will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) ■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ 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 (voting group) Signature (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 court appointed fiduciary by that fiduciary) YAMPIER CORVO (Typed or printed name of person signing) PRESIDENT (Title of person signing)