P20 U000 18918

	(Requestor's Name)	<u> </u>
<u></u>	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
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	(Business Entity Name)	
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J. FASON -JUN 24 2021 20211737 10 5311293

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION:			
DOCUMENT NUN	P20000018918			
The enclosed Article	s of Amendment and fee are su	ibmitted for filing.		
Please return all corr	espondence concerning this ma	atter to the following:		
	NOA HEN			
		Name of Contact Persor	1	
	DEDICATED CPA			
	-	Firm/ Company		
	7520 NW 5TH ST STE 103	, .		
		Address		
	PLANTATION, FL 33317			
		City/ State and Zip Cod-	e	
	NOA@DEDICATEDCPA.C	OM		
	•	sed for future annual report	notification)	
For further informati	on concerning this matter, plea	se call:	206-4216	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 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			Address	
Amendment Section		Amendment Section		
	vision of Corporations D. Box 6327	Division of Corporations The Centre of Tallahassee		
	Hahassee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

UPWI	LD	INC
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(<u>Name of Corporat</u>	tion as currently filed with the Florida Dept. of State)	
P20000018918		
(Docu	ment Number of Corporation (if known)	——————————————————————————————————————
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the c	corporation:	
RY Global Solutions Inc		The new
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbr	corporation," "company," or "incorporated" or the abbreviate," or "Co". A professional corporation name must contaceviation "P.A."	ion "Corp.,"
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD		
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BE	<u>OX</u>)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, enter the name of the 1 office address:	
Name of New Registered Agent		_
	(Florida street address)	
New Registered Office Address:	, Florida	
	(City) (Zip	Code)
New Registered Agent's Signature, if changing Registered		01 AWIT
i nereny accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.	
		AH 10: 07
Sign	nature of New Registered Agent, if changing	07

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.

Example: X Change	<u>PT</u>	John Doe		
X Remove	\underline{V}	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change		_	 	
Add				
Remove				
2) Change			 	
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change			 	
Add				
Remove				
6) Change			 	·
Add				_
Remove				

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)		ig or adding addi litional sheets, if n	necessary). (Be	specific)			
f 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)							
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The date of each amendment(s) add	ption:	, if other than the
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 blo document's effective date on the Dep	ick does not meet the applicable statutory filing requirements, this date will artment of State's records.	I not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors without shareholder action and	l shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	202111.07 1 0
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	.: ' ¹ 2 MM 10: 07
by	(voting group)	07
05/05/2021 Dated		
Signature	Shai Rubin	<u> </u>
selected.	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that tiduciary)	
Y	OHAI RUBIN	
-	(Typed or printed name of person signing)	
F	RESIDENT	
_	(Title of person signing)	