P20000033515

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COVER LETTER

		COVERLETTER			
TO: Amendment Se Division of Cor				20 HAY 19 PA 2: 41.	
NAME OF CORPO	DRATION: ROCK MY YARD	CORP		6	
	1BER:			是	
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		4	
Please return all corr	respondence concerning this ma	tter to the following:		•	
	NOHELLYZ J. NODA				
		Name of Contact Persor			
	ROCK MY YARD CORP				
	Firm/ Company				
	329 53RD DR N	Thus Company			
		Address			
	WPB, FLORIDA 33415				
		sed for future annual report			
For further informati	on concerning this matter, pleas	se call:			
NOHELLYZ J. NOĐA		at (779-8825		
Name	e of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		Street Address			
Amendment Section Division of Corporations		Amendment Section			
P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



ROCK MY YARD CORP

(Name	of Corneration as aureant	ly filed with the Florida Dept. of State)
P20000033515	or Corporation as current	is med with the Florida Dept. of State)
	(Document Number of	of Corporation (if known)
	(Document Number (n Corporation (II kilowii)
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
name must be distinguishable and contain "Inc.," or Co" or the designation "C "chartered," "professional association,	lorp," "Inc," or "Co"	The new company, "or "incorporated" or the abbreviation "Corp., " A professional corporation name must contain the word
, ,		N/A
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
<u> </u>	,	
C. Enter new mailing address, if appl	icable:	A.V.A.
(Mailing address MAY BE A POST	<u>OFFICE BOX</u>)	N/A
D. If amending the registered agent as new registered agent and/or the ne		
	NOHELLYZ J. NODA	<u>1-</u>
Name of New Registered Agent		
	329 53RD DR N	
		rvet address)
New Registered Office Address:	WEST PALM BEACH	Florida
		tCity) (Zip Code)
New Registered Agent's Signature, if o	hanging Registered Agent	::
I hereby accept the appointment as regis.	ered agent. I am familiar	with and accept the obligations of the position.
	1 .	
Y. 1.11	- 11 M 1	
1 1020001)	Signature of New F	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	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
X Change	P	NOHELLYZ J. NODA	329 53RD DR N
Add			WPB, FLORIDA 33415
Remove			
2) Change		·	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary),	(Be specific)			
T CORRECCT THE PRESIDENT N	IAME SHOWS JULI	IE NODA SHOULD	BE NOHELLYZ JU	LIS NODA.
	 -			
				-
				
	 			
	- 			
			·	
				
				
				
f an amendment provides for an exch	anna reclassification	a or cancellation of	icenad charac	
provisions for implementing the ame	ndment if not contain	ned in the amendme	nt itself:	
(if not applicable, indicate N/A)			<u></u>	
	-			
		·		
			 	
	 			

•

	05/15/2020	
The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.	ringge	
Effective date <u>if applicable</u> :	5/2020	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement 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 PRESIDENT		
	(voting group)	
05/15/2020		
Dated		
Signature <u></u>	Allen J. Mala	_
selected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	NOHELLYZ J. NODA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	 -