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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: Yes You Can Man		
DOCUMENT NUM	P20000052668		· · · · · · · · · · · · · · · · · · ·
The enclosed Article	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	Elaine Capron		
		Name of Contact Persor	1
	Capron and Associates LLC		
		Firm/ Company	
	1773 North Federal Hwy, Su	ite 102B	
	 	Address	***
	Lauderhill, FL 33313		
		City/ State and Zip Code	2
	elaine@capronandassociates.	com	
	E-mail address: (to be us	sed for future annual report	notification)
For further informat	ion concerning this matter, plea	se call:	
Elaine Capron		at (214-3651
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depo	irtment 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)
Ai Di P.	ailing Address mendment Section ivision of Corporations O. Box 6327 illahassee. FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

Tes i ou can wan inc			
	filed with the Florida Dept. of State)	_	-
P20000052668			
(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following	ng ame	ndment(s) t
A. If amending name, enter the new name of the corporation:			
Yes You Can Men Inc		Tha	new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviati professional corporation name must conta	ion "Ce	oro "
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/H		_
		'n	2020 AUG
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			AUG -
			7
			œ ;
D. If amending the registered agent and/or registered office addressinew registered agent and/or the new registered office address:	ss in Florida, enter the name of the	, in	09
Name of New Registered Agent N/A		_	
(Florida stree	t address)	_	
New Registered Office Address:	Florida		
(C	Tity) (Zip)	Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit		_	
Signature of New Reg.	istered 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.

Example:

X Change	PT	<u>John Doe</u>	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name // a	<u>Addres</u> s
1) Change		N/H	
Add		,	
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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an amendment provides f	for an exchange re	classification or can	callation of iccural	charas	
rovisions for implementing	ng the amendment	if not contained in th	e amendment itse	lf:	
	ate N/A)		-		
(if not applicable, indica		. 11 A.			
(if not applicable, indice		N//BY			
(if not applicable, indica		NA		<u> </u>	
(if not applicable, indica		<u> </u>			
(if not applicable, indica		<i>NI</i> II			
(if not applicable, indica		NIR			
(if not applicable, indica		NIN			
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(if not applicable, indica		NA			
(if not applicable, indica		NIR			
(if not applicable, indica		NIR			
(if not applicable, indica		NIR			

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The date of each amendment(s) a late this document was signed.	doption:	, if other than the
_	99/2020	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were add by the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	r
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
-	(voting group)	
07/22/2020 Dated		
Signature	Potrick C. Jackon	
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Patrick C Jackson	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

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