P22000057105

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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

OCUMENT NUMBER: P220005 7105
he enclosed Articles of Amendment and fee are submitted for filing.
ease return all correspondence concerning this matter to the following:
Ahmad Albritton Name of Contact Person YF FINACIAL STRVICES INC Firm/ Company 6421 N FLocida AYE. Address TAMPA FI 33604 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Name of Contact Person at (727) 851-7597 Area Code & Daytime Telephone Number
nclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

FILED

YF FINACIAL STR	VICES INC. 2022 AUG-1	_AM_8:-25_
(Name of Corporation as currently f	aled with the Florida Dept, of State)	~ * * :
P22000057105		FT
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit Corporation adopts the following a	imendment(s) to
A. If amending name, enter the new name of the corporation:		
YE FINANCIAL	SERVICES INC. 1	he new
name must be distinguishable and contain the word "corporation," "cor" Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A prehartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation	"Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	
D. If amending the registered agent and/or registered office address: Name of New Registered Agent Name of New Registered Agent	ss in Florida, enter the name of the	
N/A		
(Florida stree	t address)	
New Registered Office Address: W/A	, Florida	
((City) (Zip Co	de)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position. Substitute of the position of the position.	
	Serve and a serve of the serve	
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 = ChiefExecutive 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, Afike 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> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	<u>se Jones</u>	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) K Change	PT	Ahmad Albritton	254620inStS
Add			St. Petersburg F133712
Remove		Thomas Georgiadis	
2) Change			10821 NW 215T
_ <u> </u>			Sunrise, F1 33322
Remove 3) Change	S	Beverly Pope	1214 Deleon Way
🗶 Add		·	Lakeland, Fl 33810
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remave			

	Iding additional Arti sheets, if necessary).	(Be specific)			
ALG					***
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. <u>If an amendmen</u>	t provides for an exc	hange, reclassific	ation, or cancellat	ion of issued shares	<u>5.</u>
provisions for i	mplementing the am cable, indicate N/A)	endment if not co	ntained in the am	endment itself:	
	силе, нисистета)				
NIA					
		_			

. •	The date of each amendment(s) adoption: N/A if other than the date this document was signed.
	Effective date if applicable: \(\nabla \) / \(\beta \)
	tho 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
	by W/A
	(voting group)
	Dated_7/19/22 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)
	(Typed or printed name of person signing)
	(Title of person signing)