N23000005629

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COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	CORPORATION			
	Articles of Incorporation			
The enclosed Articles of Amendment and fe	e are submitted for filing.			
Please return all correspondence concerning	this matter to the followin	g:		
Rotem Grosman				
	(Name of Contac	ct Person)		
LOCALAF CORPORATION				
	(Firm/ Com	pany)		
150 S PINE ISLAND RD, #530				
	(Address			
PLANTATION, FL 33324	(, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- ,		
	(City/ State and 2	Zip Code)		
dbefortco@msn.com				
E-mail address: (t	o be used for future annua	l report notificatio	n)	
For further information concerning this matte	er, please call:			ر. چې
Douglas Befort		720	217-7475	773 70
(Name of Contact	ct Person)	(Area Code)	(Daytime Telepho	one Number) 🛼
Enclosed is a check for the following amoun	t made payable to the Flor	ida Department of	State:	
■ \$35 Filing Fee □\$43.75 Filing Certificate of		y Certif py is Certif (Addi	0 Filing Fee ficate of Status fied Copy tional Copy is osed)	A CHARE
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Sect Division of Corporate Centre of T	orations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

LOCALAF CORPORATION

Name of Corporation as currently filed with the	Florida D	ept. of Stat	e)		
N23000005629 Articles of Incorporation					
(Docum	ent Numbe	er of Corpora	tion (if known)	<u> </u>
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	ida Statute	s, this <i>Floric</i>	la Not For Pro	fit Corporation adopts	the following
A. If amending name, enter the new name of the	corporati	on:			
NA					The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	"corporat	ion" or "inc	orporated" or	the abbreviation "Corp	o." or "Inc."
B. Enter new principal office address, if applicab	ole:	NA			
Principal office address <u>MUST BE A STREET AL</u>					
					 _
		 		·	<u>_</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	1 <u>0X</u>)	NA			
 If amending the registered agent and/or regist new registered agent and/or the new registered 	ered offic d office an	<u>e address in</u> Idress:	Florida, enter	the name of the	-: 5
	NA				<u>4</u> ;
-					
New Registered Office Address:			(Florida s	reet address)	
1	ΝA			Florido	T ->
-	-	(City)		, Florida (Zip Code)	<u> </u>
iew Registered Agent's Signature, if changing Re hereby accept the appointment as registered agent.	egistered A I am fam	Agent: iliar with an	d accept the ob	ligations of the positio	n.
-	Sim	nature of Ne	w Registered A	gent if changing	

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 <math>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 X Remove X Add	<u>V</u> <u>Mi</u>	hn Doe ke Jones lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	D	JODI SCHWARTZ	150 S PINE ISLAND RD. #530 PLANTATION, FL 33324
x Remove			
2) Change Add	<u>D</u>	BECKIE J SIROLLI	150 S PINE ISLAND RD, #530 PLANTATION, FL 33324
Remove 3) Change Add Remove			
4) Change Add			2023 £110
Remove			
5) Change Add			2
Remove			
6) Change Add			73
Remove			
E. If amending or add (attach additional sh	ding additional	Articles, enter change(s) here: y). (Be specific)	
NA	 		
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			222
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			. 9:
			17TE 188
	NA		
The date of each amendment(s) and date this document was signed.	loption: NA	, if	other than the
Effective date if applicable:	(no more than 90 days after amendment)	île date)	 :
document's effective date on the De	ck does not meet the applicable statutory filing partment of State's records.	requirements, this date will not be lis	sted as the
Adoption of Amendment(s)	(CHECK ONE)		

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

Dated	08/17/2023
	Marie Commission of the Commis
Signature	100 CE
	the chairman or vice chairman of the board, president or other officer-if directors
	ve not been selected, by an incorporator - if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)
	Datam Caaman
	Rotem Grosman
	(Typed or printed name of person signing)

(Title of person signing)

2003 AUS 22 All 9: 40