

Electronic Filing Cover Sheet

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(((II060002450363)))



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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: GBS CONSULTANTS, INC.

Account Number : I20050000012 Phone

: (954)659-8835

Fax Number

: (954)301-0417

COR AMND/RESTATE/CORRECT OR O/D RESIGN

AFS PROPERTIES, INC

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Corporate Filing Menu

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ZI00T08-096

10/03/500e

COVER LETTER

'TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: AFS PRO	OPERTIES, INC	
DOCUMENT NO	JMBER:P040000	78982	
The enclosed <i>Arti</i>	cles of Amendment and foc	are submitted for filing.	
Please return all co	orrespondence concerning t	his matter to the following:	
· -		is Fernandez	
<u>.</u>	(Name	e of Contact Person)	
	GBS	Consultants, Inc.	
,,	(F	Firm/ Company)	
	1290 Wes	ston Road, Suite 306	
		(Address)	
_		ton, FL 33326	
	(City/	State and Zip Code)	
For further inform	ation concerning this matter	r, please call:	
	s Femandez	at (954) 659-8	
(Name of Contact Person) (Area Code & Daytime Telephone		e Telephone Number)	
Finclosed is a chec	k for the following amount:	:	
□\$35 Filing Fee	☑\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Cortified Copy (Additional copy is enclosed)	☐ \$52.50 Filing For Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	nt Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

(((H06000245036 3)))

Articles of Amendment Articles of Incorporation οf

AFS PROPERTIES, INC

(Name of corporation as currently filed with the Florida Dept. of State)

	P04000078982
	(Document number of corporation (if known)
Pursuant to the provisions of adopts the following amend	of section 607.1006, Florida Statutes, this Florida Profit Corporation
NEW CORPORATE NAM	ion," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co. "For a contain the word "chartered" "professional association " or the abbreviation "P. T. Contain the word "chartered" "professional association " or the abbreviation " or the abbreviation " or the abbreviation of the word "chartered" "professional association of the state of the abbreviation of the state of the abbreviation of the state of the abbreviation of the abbreviation of the state of the abbreviation of the state of the state of the abbreviation of the state of the state of the abbreviation of the state of t
(Must contain the word "corporation must	contain the word "chartered", "professional association," or the abbreviation "P"
AMENDMENTS ADOPT and/or Article Title(s) being	ED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) samended, added or deleted: (BE SPECIFIC)
Article 5: OFFICEF	∖S
President:	Armando Acosta
Vice-President:	Armando Acosta
Secretary:	Armando Acosta
Treasurer:	Armando Acosta
Article 6: DIRECT	ORS
Armando Acosta	
:	(Attach additional pages if necessary)
	or exchange, reclassification, or cancellation of issued shares, provisions ment if not contained in the amendment itself: (if not applicable, indicate N/A)
	(continued)

The date of each amendment(s) adoption: 09/30/200	6		
Effective date if applicable:	09/30/200			
 ~	(no more than 90 days after am	endment file date)	•	
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) we the amendment(s) by	vas/were approved by the s y the shareholders was/wer	shareholders. The n e sufficient for app	umber of votes cast for roval.	-
☐ The amendment(s) v following statement separately on the an	vas/were approved by the s must be separately provide sendment(s);	harcholders throug ed for each voting g	h voting groups. The group entitled to vote	
"The number of	votes cast for the amendme	ent(s) was/were suf	ficient for approval by	
	(voting group)			-
The amendment(s) v and shareholder action	vas/were adopted by the bo on was not required.	ard of directors wit	thout shareholder action	
The amendment(s) we shareholder action w	vas/were adopted by the incas not required.	orporators without	shareholder action and	. =·
selected	rector, president or other officer d, by an incorporator - if in the h ted fiduciary by that fiduciary)			
	Armando .	Acosta	a yan e	
***	(Typed or printed name	e of person signing)		
	Presid	lent		y · · · - —
,	(Title of per	son signing)	 _	• •

FILING FEE: \$35