"P08000026398

)
(Re	equestor's Name)	
(Ad	dress)	·
(Ad	dress)	
(Cit	ry/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

Ores/han

Articles of Amendment to Articles of Incorporation

of

AFROCENTER INC	TAL SE				
(Name of Corporation as currently filed with	the Florida Dept. of State)				
P08000026398					
(Document Number of Corporation (if known)					
Pursuant to the provisions of section 607.1006, Florida Stat following amendment(s) to its Articles of Incorporation:	utes, this Florida Profit Corporation and pts the				
A. If amending name, enter the new name of the corporation:					
The new name must be distinguishable and contain the "incorporated" or the abbreviation "Corp.," "Inc.," or Contain "Co". A professional corporation name must contain association," or the abbreviation "P.A."	o.," or the designation "Corp," "Inc," or				
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	107 N. Olive Ave				
(1 incipul office unuress incost burithing inspection)	West Palm Bch				
	FL, 33401				
C. Enter new mailing address, if applicable:	0 0 0 0071				
(Mailing address MAY BE A POST OFFICE BOX)	P. O. Box 9876				
	Riviera Beach				
	FL , 33419				
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac					
Name of New Registered Agent:					
New Registered Office Address: (Flo	rida street address)				
	(City), Florida (Zip Code)				
N. D. Maria de Circular de La Companya de La Companya de Companya					
11 (Agent: familiar with and accept the obligations of the				
position.					
Signature of Ne	w Registered Agent, if changing				
Page 1 of 3					

f amendin	g the Officers and/or Di	rectors, enter the title and name of e	ach officer/director being
	itional sheets, if necessar	ess of each Officer and/or Director b	eing audeu:
\ \	monai sneets, y necessar,	"	
<u> itle</u>	<u>Name</u>	Address	Type of Action
			
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			☐ Add
			Remove
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			🗖 Add
			☐ Remove
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12		al Atialas autau abanga(a) bana	
. II amen	dditional sheets, if necess	al Articles, enter change(s) here: ary). (Be specific)	
(anach a	auttonat sneets, ij necess	ary). De specific)	
•			
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			<u> </u>
. If an ai	mandmant provides for	an exchange, reclassification, or can	pollotion of issued shares
		e amendment if not contained in the	
(if n	not applicable, indicate N	(A)	
(5)		<i>'</i>	
	\		
	······································		
		Page 2 of 3	

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: AFRO	OCENTER INC.	
DOCUMENT NUMBER: POS	00002639	8
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning t	his matter to the following:	
	E DHLIWAYO	
(Name	e of Contact Person)	
AFROCEN	TER NC Firm/ Company)	
O	Firm/ Company)	
P.O. Box	9876 (Address)	
	(Address)	
<u>Riviera Bea</u>	1ch FL 3341 State and Zip Code)	9
For further information concerning this matte	er, please call:	
PATIENCE DHLIWAYO (Name of Contact Person)	at (<u>561</u>) <u>914 –</u> (Area Code & Daytime	163] Telephone Number)
Enclosed is a check for the following amount	made payable to the Florida Dep	artment of State:
\$35 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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Cir	rcle

Tallahassee, FL 32301

' The	e date of each amendment	(e) adaption.	HAMADOM	4/1	09	
•	•	,s, adoption		1.100		
Eff	ective date <u>if applicable</u> :	(no more than	90 days after	1109 amandman	t file date)	
		(no more than	90 aays ajier i	итепитеп	i file dale)	
Ad	option of Amendment(s)	(<u>C</u>)	HECK ONE)			
	The amendment(s) was/wer by the shareholders was/we			s. The num	ber of votes cast for the amendmen	ıt(s)
					voting groups. The following states eparately on the amendment(s):	men
	"The number of votes	east for the ame	ndment(s) was	s/were suff	icient for approval	
	by	(voting group)			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		(voting group)				
	The amendment(s) was/wer action was not required.	e adopted by th	e board of dir	ectors with	out shareholder action and sharehol	lder
a	The amendment(s) was/wer action was not required.	e adopted by th	e incorporator	s without s	hareholder action and shareholder	
	Dated	11/09		<u>_</u>		
	sele	a director, pres	ident or other orporator – if i	n the hands	directors or officers have not been of a receiver, trustee, or other cour	
		Pa-	TIENCE	DHUL	NAYO person signing)	
		(T	yped or printe	d name of	person signing)	
			Pres	ident		
			(Title of p	erson signi	ng)	