P080000 56182

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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: FAFL, INC. DOCUMENT NUMBER: P08000056182 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DIANA BLASCHZYK Name of Contact Person HILL & COMPANY, CPA, PA Firm/ Company 804 NICHOLAS PKWY EAST, STE I Address CAPE CORAL, FLORIDA 33990 City/ State and Zip Code DBLASCHZYK@HILLCOCPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (239) 549-2444

Area Code & Daytime Telephone Number THOMAS W. HILL Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

FAFL, INC.			
· 	of Corporation as curren	tly filed with the Florida De	pt. of State)
208000056182 		<u> </u>	
	(Document Number	of Corporation (if known)	
tursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation	adopts the following amendment(
a. If amending name, enter the new na	ame of the corporation:		
//A			The new
ame must be distinguishable and contain Inc.," or Co.," or the designation "C chartered," "professional association,"	"orp," "Inc," or "Co".	A professional corporation	l" or the abbreviation "Corp.," name must contain the word
. Francisco minimal office address	if annliaghlar	N/A	
. Enter new principal office address, Principal office address <u>MUST BE A S</u>		<u></u>	
P			020
Enter new mailing address, if apple (Mailing address MAY BE A POST)		N/A	
			•
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. If amending the registered agent ar	id/or registered office ad	dress in Florida, enter the n	ame of the
new registered agent and/or the new			
Name of New Registered Agent	N/A		
	(Florida :	treet address)	
	N/A		121 2 1
New Registered Office Address:		(City)	, Florida
ew Registered Agent's Signature, if c			
hereby accept the appointment as regist	ered agent. I am familia	with and accept the obligation	ons of the position.
	Signatura of Vana	Registered 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)

Example:

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.

X Change	<u>PT</u>	<u>John Do</u>	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	PD		FANDEL, ALFRED	1532 SW 48TH TERRACE
Add		_		CAPE CORAL, FL 33914
X Remove 2) Change	PD		FANDEL, ULLA	1532 SW 48TH TERRACE
X Add		_		CAPE CORAL, FL 33914
Remove 3) Change				
Add Remove				
4) Change				
Add Remove				
5) Change				
Add				
Remove				
6) Change Add		_		
Remove				

<u>If amending</u> (Attach <i>additi</i>	or adding additional sheets, if ne	tional Article ecessary). (s, enter chan Be specific)	<u>ige(s) here</u> :					
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If an amend	lment provides	for an exchar	ge, reclassif	ication, or ca	incellation o	f issued sh	ares,		
provisions	for implementi applicable, indic	ng the amend	ment if not o	contained in	the amenum	ent itseii:			
	аррисаоле, так	tue way							
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	SEPTEMBER 1, 2020	, if other than the
The date of each amendment date this document was signed	t(s) adoption:	If other than the
Effective data if applicables	SEPTEMBER 1, 2020	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	_
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareholde	er action and shareholder
	re adopted by the shareholders. The number of votes cast for the amend ere sufficient for approval.	ment(s)
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following so each voting group entitled to vote separately on the amendment(s)	talement
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
SEPT Dated	EMBER 1, 2020	
Signature V		
Se	By a director, president or other officer – if directors or officers have not elected, by an incorporator – if in the hands of a receiver, trustee, or othe ppointed fiduciary by that fiduciary)	
	THOMAS W. HILL.	
	(Typed or printed name of person signing)	
	DIRECTOR	

(Title of person signing)