P08000056182

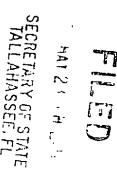
(Re	equestor's Name)	
(110	iquestor a riume,	
(Ac	Idress)	
	,	
(Ac	ldress)	<u> </u>
•	,	
(Cii	ty/State/Zip/Phone	 e #)
•	•	,
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
·	J	
		ı
Q	SILAS L 20 2022	
la i	20 2024	
0,	le+	
<u> </u>		





600387912776

05/23/22--01007--009 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	ION: FAFL Inc .		<u> </u>		
DOCUMENT NUMBERS					
The enclosed Articles of A	<i>mendment</i> and fee are sub	omitted for filing.			
Please return all correspond	dence concerning this mat	ter to the following:			
DIA	DIANA BLASCHZYK				
	Name of Contact Person				
HILL & COMPANY, CPA, PA					
	Firm/ Company				
804	804 NICHOLAS PKWY E, STE 1				
		Address			
CAI	CAPE CORAL, FLORIDA 33990				
	City/ State and Zip Code				
DBLASCHZYK@HILLCOCPA.COM					
	E-mail address: (to be use	ed for future annual report	notification)		
For further information con	ocerning this matter, pleaso	e call:			
THOMAS W. HILL		at (239	549-2444		
Name of Contact Person Area Code & Daytime Telephone Numb					
Enclosed is a check for the	following amount made p	ayable to the Florida Depa	rtment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 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

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

	Articles of Ir	-	FILED
AFL, Inc.			الخين معدة حشة لا 0
(Name o	of Corporation as curren	tly filed with the Fl	orida Depticof State) -
08000056182			SECRETARY OF STATE
** · · · · · · · · · · · · · · · · · ·	(Document Number	of Corporation (if ki	10 TALL AHASSEE, FL
ursuant to the provisions of section 607. S Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Cor	poration adopts the following amendment
. If amending name, enter the new n	ame of the corporation:		
⁄a			The new
ame must be distinguishable and contain Inc.," or Co.," or the designation "C chartered," "professional association."	Corp," "Inc," or "Co".	A professional cor	orporated" or the abbreviation "Corp" poration name must contain the word
B. Enter new principal office address, Principal office address MUST BE A S		n/a 	
Enter new mailing address, if appli (Mailing address MAY BE A POST)	icable: OFFICE BOX)	n/a	
). <u>If amending the registered agent an</u>	d/or registered office add	dress in Florida, en	ter the name of the
new registered agent and/or the new	v registered office addres	<u>ss:</u>	the want of the
Name of New Registered Agent	n/a		· - · · · · · ·
	(Florida s	treet address)	<u> </u>
New Registered Office Address:	(Florida s	treet address)	. Florida

Signature of New Registered Agent, 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)

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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) XX Change	VP	FANDEL, ULLA	1532 SW 48TH TERRACE
Add	-		CAPE CORAL, FL 33914
Remove			
2) Change	P	FANDEL, FRED	1532 SW 48TH TERRACE
XX Add			CAPE CORAL, FL 33914
Remove 3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>ad</i>	ing or adding additional Ar Iditional sheets, if necessary).	(Be specific)	<u>(S) nere</u> :			
n∕a						
			· · · · · · · · · · · · · · · · · · ·			
·				·		
		<u></u>	 			
	·		 .			
	w					
						
	<u> </u>					
. <u>If an ame</u>	endment provides for an exe	change, reclassifica	tion, or cancellati	on of issued shar	es,	
provisio (if n	ons for implementing the amount of applicable, indicate N/A)	enament it not cor	itained in the ame	nament usen:		
n/a						
						
		_				
			-			

.

, . . .

	s) adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	eent(s)
	approved by the shareholders through voting groups. The following stafor each voting group entitled to vote separately on the amendment(s):	ntement
"The number of votes of	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
05/16/2 Dated	022	
Signature V	Thu W M	
sele	a director, president or other officer – if directors or officers have not bected, by an incorporator – if in the hands of a receiver, trustee, or other ointed fiduciary by that fiduciary)	
	THOMAS W. HILL	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	