## PO9COCO53614

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: AFM GENERAL	SERVICES, INC.			
DOCUMENT NUMB	ER: P09000053614				
	of Amendment and fee are st	ibmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	DAVILSON RODRIGUES				
		Name of Contact Perso	<u> </u>		
	ADR ACCOUNTING SERV	TCES CORP.			
	<u> </u>	Firm' Company			
	4699 N FEDERAL HWY SUITE 109E				
		Address			
	POMPANO BEACH, FL 33	064			
		City+ State and Zip Cod	e		
ACC	DUNTINGSERVICES@DAY	VILSON COM			
		sed for future annual report	notification)		
For further information	concerning this matter, pleas		338-4000		
Name e	f Contact Person	at t Area Co	338-4000 de & Daytime Telephone Number		
	the following amount made				
S35 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 Tallahassee, FL 32314		Amenc Divisio Clition 2661 I	Address Iment Section in of Corporations Building Executive Center Circle issec, FT 32301		

## Articles of Amendment to Articles of Incorporation of



AFM GENERAL SERVICES, INC.

2019 Cnm 2.8 PH 12: 1 I

P09000053614	(ly filed with the Florida Dept. of State)
(Document Number)	·
	of Corporation (if known)
fursuant to the provisions of section 607,1006. Florida Statutes, this is Articles of Incorporation:	s <i>Florida Profit Corporation</i> adopts the following amendment
A. If amending name, enter the new name of the corporation:	
name musi he distinguishable and contain the word "corporati "Corp., "Inc.," or Co., or the designation "Corp." "Inc." or word chartered." "professional association," or the abbreviation	"Co" A professional corporation name must contain the
3. <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u> )	
: Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office addres	
Name of New Registered Agent	
	weet address)
New Registered Oilige Address:	. Horish
	tCuvi (Zip Code)

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, F. Freusurer, 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 1 and 8. These should be noted as John Doe, PT as a Change Mike Jones. I as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>P4</u>	John Doe			
X Remove	<u>\script{\script{\cdot}}{\script{\cdot}}}</u>	Mike Jones			
<u>X</u> Add	<u>8V</u>	Sally Smith			
<u>Type of Action</u> (Check One)	<u>Litte</u>	Name	<u>Addres</u> s		
1)Change	V	LUSIMEIRE B MEIRA	110 NE 35TH STREET		
X			UNIT A		
Remove			POMPANO BEACH, FL 33064		
2) Change					
Add			***		
Remove					
3.) Change					
Add					
Remove					
4) ( hange					
Add					
Remove					
3) Change	· <del>- · · ·</del>				
Add					
Remove					
6) Change					
Add					
Remove					

Attach additional sheets	additional Artics. if necessary)	Be specific)	<del></del>			
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<u>f an amendment provi</u>	des for an exch:	ange, reclassific	ation, or cancell	ation of issued s	diares,	
provisions for implem	enting the amer	<u>idment if not co</u>	ntained in the a	<u>mendment itself</u>	<u>:</u>	
(if not applicable, i	indicate VA)					
				**		
<del></del>		<del></del>	<del></del>	<del></del> .	·	
		·—				

The date of each amendment(s) at date this document was signed.	loption:	, if other than th
Effective date if applicable:		
<u> </u>	tho more than 90 days after amendment file date;	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date w partment of State's records	iff not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was were ado by the shareholders was were su	pted by the shareholders. The number of votes east for the amendment(s) of ticient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was-were sufficient for approval	
by		
	tvoting group)	
☐ The amendment(s) was were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
10/22/201	y	
DatedSignature//	Lenis miors	
selected	rector, president or other officer – if directors or officers have not been l. by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that (iduciary)	
	ADEMIR F MEIRA	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	<del></del>