P10000009201

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COVER LETTER

TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION: AFS FOR YOU INC					
DOCUMENT NUMBER: P10000009201					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this m	atter to the following:				
Davetta L. Rutherford Name of Contact Person					
Firm/ Company					
2507 Flaming DR. Address					
City/State and Zip Code NRAGAS FORYOU. COM E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call: Davetta Rutherford at (786) 541-5327 Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made	payable to the Florida Department of State:				
\$35 Filing Fee \$\bigcup \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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 Circle				

Tallahassee, FL 32301

Articles of Amendment

Ar	ticles of Incorporation	10 FER IS				
•	of	ED				
A.F.S. tor	You Inc.	TO FEB 15 AM 11:45				
(Name of Corporation as currently filed with the Florida Dept. of State) STARY OF STATE (Document Number of Corporation (if known)						
		HASSEE, FLORIS				
(Document Numbe	er of Corporation (if known)	- OKIGA				
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this <i>Florida</i>	Profit Corporation adopts the following				
A. If amending name, enter the new name of the AFS Partner	ship Inc.	The new				
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the de name must contain the word "chartered," "profes	esignation "Corp," "Inc," or	"Co". A professional corporation				
B. Enter new principal office address, if application (Principal office address MUST BE A STREET A		DE 16745t ami, FL 33162				
	ste=	± 105				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)					
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:						
Name of New Registered Agent:						
New Registered Office Address:	(Florida street address)					
	(City)	, Florida (Zip Code)				
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent: nt. I am familiar with and acc	cept the obligations of the position.				
Sign	nature of New Registered Agen	nt, 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	 .		— —
	additional sheets, if necessar	Articles, enter change(s) here: Ty). (Be specific) ATTICLES, enter change(s) here:	
provis	mendment provides for an ions for implementing the not applicable, indicate N/A	exchange, reclassification, or cancella amendment if not contained in the ame	tion of issued shares, endment itself:

The date of each amendment(s	adoption:	2-5-10
		option is required)
Effective date <u>if applicable</u> : _	(no more than 90 days after a	mendment file date)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/wer		The number of votes cast for the amendment(s)
		s through voting groups. <i>The following statemend to vote separately on the amendment(s):</i>
"The number of votes ca	ast for the amendment(s) was/	were sufficient for approval
by		"
(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of direc	ctors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators	without shareholder action and shareholder
Dated 2	5-2010	_
Signature	atte Ruther	food
select		ficer – if directors or officers have not been the hands of a receiver, trustee, or other court ry)
	Double But	name of person signing)
	O.C.	manie or person signing)
	(Title of normal along the	
	(Title of person signing	IS)