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SECRETARISSES FLORES

JUN 2 4 2014 C. CARKOTHERS

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: AFAR GEAR
DOCUMENT NUMBER: \$12000000 120
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ELIC L. HENSEN Name of Contact Person
Firm/ Company 6569 CREWS LAKE CREST LOOP Address
LAKIZAND, FL 33813 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ERIC L. HOUSEN a1 850, 459-9149
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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee 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 to Articles of Incorporation of

Part I Company

14 JUN 10 AM II: 37 SECRETARITY OF A SECRETARITY

STATE OF THE PROPERTY OF THE P
(Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) LAKELAND, FL 33813
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) LAKELAND, FL 33813
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 of fice address: Name of New Registered Agent
(Florida street address)
New Registered Office Address:, Florida
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
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)

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.

Mike Jones, v as Kemov	e, ana san	iy smiin, sv as an Aaa.	
Example: 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) 1) Change Add Remove	Title PDC	HARRY ERICSON	Address 400 BIRCHINGTON LA MELBOURNE, FL 32849
2) Change			
Remove 3) Change Add			
Remove 4) Change Add			
7) Remove Change Add Remove			
Remove 6) Change Add			
Remove			

If amending or adding additional Art Attach additional sheets, if necessary).		
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f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
	100 - 1	
	.,	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file da	1e)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the a by the shareholders was/were sufficient for approval.	mendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendment.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and action was not required.	i shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and sha action was not required.	reholder
Dated 06/09/2014	
Signature Ol W. Hellsen	
(By a director, president or other officer – if directors or officers has selected, by an incorporator – it in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	
ERIC L. HENSEN	
(Typed or printed name of person signing)
CDV	
(Title of person signing)	<u> </u>

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