P12000011465

(Re	equestor's Name)	
(Ad	ldress)	<u></u>
(Ad	idress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT [MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of Sta	atus
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COVER LETTER

TO: Amendment Section

Division of Corporations

-			
NAME OF CORPORATION: Affinity Lea	d Brokers, Inc		
DOCUMENT NUMBER: P12000	017465		
The enclosed Articles of Amendment and fee are su	bmitted for filing.		
Please return all correspondence concerning this man	tter to the following:		
Michael Galanti			
	Name of Contact Person	1	
Affinity Lead Brok	ers, Inc		
	Firm/ Company		
9426 Boca River	Cir		
	Address		
Boca Raton, FL 3	3434		
	City/ State and Zip Code	2	
mgalanti@affinitylead	dbrokers.com		
.	ed for future annual report	notification)	
For further information concerning this matter, pleas	e call:		
Michael Galanti	at (561	302-7982	
Name of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made p	payable 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		Address	
Amendment Section Division of Corporations	Amendment Section Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		

Articles of Amendment

	Articles of Incorporation	n	
ACGINITY /E	of Rowers	T. 15	
(Name of Corporation as curren	tly filed with the Florida Der	ot. of State)	-
P12-0000	17465		
(Document Numb	er of Corporation (if known)		-
Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:	orida Statutes, this Florida Pr	ofit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of t	he corporation;		
			The new
 B. Enter new principal office address, if applic (Principal office address MUST BE A STREET) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) 	ADDRESS)		OWISION OF CO
D. If amending the registered agent and/or reg new registered agent and/or the new register	istered office address in Flor red office address:	ida, enter the name of the	PHIE: 08
Name of New Registered Agent		·····	80 045
	(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.

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	<u>v</u>	Peter Negron	9426 Boca River Cir Boca Raton, FL 33434
2) Change Add Remove		· ————————————————————————————————————	
Change Add Remove	<u></u>		
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)							
N/	A						
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<u>provisi</u>	<u>ions for imple</u>	vides for an exc menting the amo of indicate N/A)	hange, reclassif endment if not	ication, or ca	ncellation of he amendme	issued shares, nt itself:	
N	R						
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The date of each amendment(s)	adoption: 04/29/2012
Effective date <u>if applicable</u> :	5/01/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
☐ The amendment(s) was/were ap must be separately provided fo	oproved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required. The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
Dated	105/02/2012 Muhu (40 (a)
Signature	The state of the s
	director, president or other officer - if directors or officers have not been
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court
арроп	nted fiduciary by that fiduciary)
	MICHAEL GALANTI
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)