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COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: AFA CAKRES INC				
DOCUMENT NUMBER: <u>P140000 7080</u>				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Anthony Anderson AFA CAPELLES INC Firm/Company 1249 Glenleigh Drive Address				
City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Contact Person at (407) 448 0803 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 Certificate of Status Certificate of Status (Additional copy is enclosed) Certificate of Status Certificate 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
or or
AFA CARRIERS INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
P14 00000708D
(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 the Articles of Incorporation:
A. If amending name, enter the new name of the corporation:

A. If amending name, enter the new name of the corporation:	4/1/	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or word "chartered," "professional association." or the abbreviation "B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	"Co". A professional corporation name mu	The new abbreviation st contain the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		285 JUL
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address. Name of New Registered Agent		10 PM 1:33
New Registered Office Address:	treet address), Florida (City) (Zi	ip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar		n.
Signature of New I	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	PT J	ohn Doe	
X Remove	<u>v</u> <u>h</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Khange	<u>S</u>	Michelle Papers	1784 Cassingham
Add			Occe PL 347(01
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change Attach additional sheets. if necessary). (Be specific)	$\mathcal{A} \mathcal{A}_{\alpha}$
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f an amendment provides for an exchange, reclassificat provisions for implementing the amendment if not cont	tion, or cancellation of issued shares, tained in the amendment itself:
(if not applicable, indicate N/A)	
	/ NX
	\ \ \ \ \ \ \
	D. V
	<i>V. V.</i>

	07/01/2015	ic athematican the
The date of each amendment(s) adoption date this document was signed.	n:	, if other than the
·	11: 07/01/2015 07/01/2015	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment	t file date)
	(no more man 20 days after amenanten	i fac dure,
Note: If the date inserted in this block of document's effective date on the Departm	does not meet the applicable statutory filing recent of State's records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes east for approval.	or the amendment(s)
	by the shareholders through voting groups. The voting group entitled to vote separately on the a	
"The number of votes cast for the	e amendment(s) was/were sufficient for approva	l
by	(voting group)	
	(voting group)	
action was not required.	by the board of directors without shareholder action a	
,	1/2015	
Signature Saul	tot Ande	
	president or other officer – if directors or officent in incorporator – if in the hands of a receiver, true	
· · · · · · · · · · · · · · · · · · ·	uciary by that fiduciary)	astee, or other court
	An How Ander (Typed or printed name of person signing)	58/
	Tresiden +	<u> </u>
	(Title of person signing)	