

(F	Requestor's Name)			
(/	Address)			
(/	Address)			
(0	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
3)	Business Entity Name)	····		
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions	to Filing Officer:			
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2016 JUN 10 PM 12: OF STATE ALLAHASSEF, FLORID

STATE LORIDA

JUN 1 6 2016 I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: DOCUMENT NUMBER: PISODO 90 233
DOCUMENT NUMBER: \$15000090233
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
YANAI TORNES Name of Contact Person
AFRI QORP Firm/Company 5085 NW 74 St #806
5085NW $745+4806$ Address MIAM', 7-6, 33/26 City/ State and Zip Code
·
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
YANAI +ORRES at (786) 300 6762 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 □ \$43.75 Filing Fee & Certificate Of Status Certified Copy (Additional copy is enclosed) □ \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of

•	Articles of Inco	rporation
A FRI	of of	the state of the s
# 1121		
5 (-	filed with the Florida Dept. of State)
HI1 000	090233	
	(Document Number of)	Corporation (if known)
Pursuant to the provisions of se ts Articles of Incorporation:	ection 607.1006, Florida Statutes, this F	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter t	he new name of the corporation:	· •
12/4		The new
"Corp.," "Inc.," or Co.," or i		," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
. Enter new principal office		10)) NO) 21.
Principal office address <u>MUS</u>	T BE A STREET ADDRESS)	5077 NW 7th st. #606, MIXMI, Fh.
	•	33126
(Mailing address <u>MAY BE</u>	<u>A POST OFFICE BOX</u>)	
	l agent and/or registered office addre or the new registered office address:	ess in Florida, enter the name of the
•		
Name of New Register	ed Agent D(A	
Ž	(Florida stree	et address)
New Registered Office	Address: UA	, Florida
		City) (Zip Code)
	ature, if changing Registered Agent:	the and account the obligations of the consistent
пегену ассері іне арроінітен	vas regisierea ageni. Tam jaminar wi	ith and accept the obligations of the position.
	,	
	H/A	
	Signature of New Re	gistered Agent, if changing
	=/8	G G TO M TO TO TO

If aniending 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.

Evample: X_Change	<u>PT</u>	John Do	<u>oe</u>			
X Remove	V	Mike Jo	nes			
X Add	<u>sv</u>	Sally Sr	nith			
Type of Action (Check One)	Title		Name		,	Address
1) Change	<u>v P</u>	- -	HOM	berto	Ruiz	5081 NW 7 ths
Add						33/26 33/26
2) Change		_			· · · · · · · · · · · · · · · · · · ·	·
Add						
3) Change						
Add Remove						
4) Change		***				
Add Remove						
5) Change						
Add						
Remove						
6) Change Add .		_				
Remove						

	(Be specific)	
N(+		
,		
an amendment provides for an excha	nge, reclassification, or cancell	ation of issued shares,
	dment if not contained in the a	mendment itself:
rovisions for implementing the amen (if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
N/A		

The date of each amendment(s) adoption:	06/02/16	, if other than the
date this document was signed.	06/15/16	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department o	not meet the applicable statutory filing requirements, this date will state's records.	I not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendment(s) approval.	
	the shareholders through voting groups. The following statement ag group entitled to vote separately on the amendment(s):	
"The number of votes cast for the ame	endment(s) was/were sufficient for approval	
hv /00°/	O	
(vo	oting group)	
The amendment(s) was/were adopted by the action was not required.	e board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and shareholder	
Dated_ 06/03	20/28/61	
Signature (By a director, pre:	sident of other officer – if directors or officers have not been	_
selected, by an inc	corporator in the hands of a receiver, trustee, or other court	
• • •	ry by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	PROSIDONT	
**************************************	(Title of person signing)	<u> </u>