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16 FEB - 1 PH 9: 12 SECRETARY OF STATE TALLAHASSEE FLORIDA

FEB 0 4 2016

r. Vyraca

COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION:	AFM BROK	ERS INC.			
DOCUMENT NUMBER: P16000003962					
The enclosed Articles of Amenda	nent and fee are su	bmitted for filing.			
Please return all correspondence	concerning this ma	tter to the following	ng:		
	AMAURY	FELIPE			
		Name of Cont	act Persor	ח	
		Firm/ Cor	npany	-	
	3503 NW 3	3 ST			
		Addre	ess		
	MIAMI, FL	. 33125			
		City/ State and	l Zip Cod	e	
	blackzaphir@	gmail.com			
E-ma	il address: (to be us	sed for future annu	ual report	notif	ication)
For further information concerning	ng this matter, pleas				
AMAURY FÉLIPE	at (305		316-5297	
Name of Contact	Person		Area Co	de &	Daytime Telephone Number
Enclosed is a check for the follow	ving amount made	payable to the Flo	rida Depa	artme	nt of State:
	3.75 Filing Fee & tificate of Status	S43.75 Filing Certified Cop (Additional of enclosed)	ру	(\$52.50 Filing Fee Certificate of Status Certified Copy Additional Copy is enclosed)
Mailing Addr Amendment Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations		Divisio Clifton 2661 E	lment on of a Buil- Execu	Section Corporations

Articles of Amendment to Articles of Incorporation of

FILED

16 FEB - I PM 9: 12

STORT FARY OF STATE

	AFM BROKERS INC.	TALL AHASSEE FLORIDA
(Name of Co	orporation as currently filed with the Flori	
	P16000003962	
	(Document Number of Corporation (if know	/n)
Pursuant to the provisions of section 607,1006 its Articles of Incorporation:	o, Florida Statutes, this Florida Profit Corpor	ration adopts the following amendment(s)
A. If amending name, enter the new name of	of the corporation:	
		The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	n "Corp," "Inc," or "Co". A professional	
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE		······································
		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		
		
 If amending the registered agent and/or new registered agent and/or the new reg 		the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	ing Registered Agent: agent. I am familiar with and accept the ob	ligations of the position.
	Signature of New Registered Agent, if cha	angina
	— эідниние од мен педіметей мусті, іј сто	anging

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)

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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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP		NANCY COLINOS	15476 NW 77 CT # 504
Add				MIAMI LAKES, FL 33016
X 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 Artic Attach additional sheets, if necessary).	(Be specific)
•	
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
 	
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The date of each amendment(s) adoption:	er than th
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li document's effective date on the Department of State's records.	sted as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
 □ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. ■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder 	
action was not required. 01/18/2016 Dated	
Signature	
(By a director, president of other officer – if directors or officers have not been	
selected, by an incorporator—if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
AMAURY FELIPE	
(Typed or printed name of person signing)	-
PRESIDENT	

(Title of person signing)