P19000012771

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Stat	us	
Special Instructions to Filing Officer:		
Operator management.		
Q. SILAS		
MAY 19 2022		
<u>.</u>		





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04/11/22--01054--001 **35.00

SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: AFRICAN RELIE	F CORP.			
DOCUMENT NUME		_			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	Frank Campoamor				
	-	Name of Contact Persor	1		
	Campoamor Business Law Firm P.A.				
		Firm/ Company			
	2640 Golden Gate Parkway, Suite 204				
		Address			
	Naples, Florida 34105				
		City/ State and Zip Code	÷		
	fcampoamor@campoamorbu	sinesslaw.com			
		sed for future annual report	notification)		
For further information	n concerning this matter, pleas		331-2488		
Name o	of Contact Person	Area Co	331-2488 de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

A ED ICANI DEL TER CYNDD

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

7022 APR 11 PM 4: 25

d with the Florida Dook of State SECRETARY OF STATE TALLAHASSEE. FL poration (if known) da Profit Corporation adopts the following amendment(s) (
poration (if known)
poration (if known)
•
da Profit Corporation adopts the following amendment(s)
The new
any," or "incorporated" or the abbreviation "Corp ," fessional corporation name must contain the word
n Florida, enter the name of the
(dress)
ui ess)
, Florida
(Zip Code)
·

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.

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			
2) Change		<u> </u>	
Add			<u> </u>
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
Add			
Remove			

e number of au	thorized shares in the company shall be increased to from 10 to 1,000.	
		
		_
<u> </u>		
provisions fo	nent provides for an exchange, reclassification, or cancellation of issued shares, or implementing the amendment if not contained in the amendment itself: oplicable, indicate N/A)	
<u>.</u>	. <u> </u>	

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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 date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder a action was not required.	ction and shareholder
■ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendme by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement e
"The number of votes east for the amendment(s) was/were sufficient for approval	
by"	
by" (voting group)	
Dated	
Signature	
(By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciacy) Douglas Freeley MD	en ourt
(Typed or printed frame of person signing)	
President	

(Title of person signing)