## P190000 20291

(Request	or's Name)
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## COVER LETTER

TO: Amendment Section Division of Corporations 2620 1 1 7 PM 2: 08 NAME OF CORPORATION: AFR Inc. P19000020291 DOCUMENT NUMBER: \_\_\_\_\_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kanran Heydani Name of Contact Person AFR Inc.
Firm/ Company 700 manaroreck Ave
Address White Plains NY 10605

City/ State and Zip Code K. HEYDARIO yahoo. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (914) 275-5061

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy

enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, **\$L** 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(Additional Copy is enclosed)

## Articles of Amendment Articles of Incorporation of

AFR	Inc
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(Name of Cor	poration as currentl	y filed with the Florid	a Dept. of State)

## P 1900002029 1 (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

its Articles of Incorporation:	, , ,
A. If amending name, enter the new name of the corpor	
	The new corporation," "company," or "incorporated" or the abbreviation lnc," or "Co". A professional corporation name must contain the eviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	1280 South AlHAMBRA Circle Apt 1401
	Coral Gables FL 33146
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered o new registered agent and/or the new registered office	e address:
Name of New Registered Agent	haun Gold
1280	South AlHAMBRA Circle Apt 140 Florida street address)
New Registered Office Address: Cora	(City) Florida 33/46 (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	
Sha	
Signature	oj ivew kegisterea Agent, ij 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.

Bromala	e, ana sa	ry Smain, 55° as an Add.	
Example: <u>X</u> Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> 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	_D_	Shaun Gold	1280 South Al HAMBRA  Aft 1401  Coral Gasles FC 3314
2) Change Add	D	Eddie EGWUONWU	Eddie EGWUONNY 2640 Mario- ALE YK
Remove 3 ) Change Add	_0_	Logan Tierney	Bronx NY 10458  15 Snowdon Dr.:  Walde-NY
Remove 4) Change Add	_0	Leora Celme Emi	Grand-Rue 8 CH 1204 Geneva
Remove 5) Change Add			
Remove 6) Change Add			
Remove			

Attach <i>additional sheets, if n</i> e	ecessary). (E	Be specific)	A			
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f an <u>amendment provides f</u>	ar an archani	ro roolossifiaa	tian ar cancalla	ation of iccord s	harae	
provisions for implementing	g the amendr	nent if not con	tained in the an	iendment itself	<u>:</u>	
(if not applicable, indic	ue N/A)	NH				
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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)	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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)	
(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.	
Dated June 15,2020	
Dated	
(By a director, president or 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)	_
Kanna Herd	
(Typed or printed name of person signing)	
Presitt (Title of person signing)	
(Title of person signing)	