P21000065841

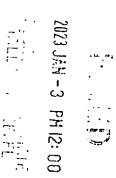
(Requestor's Name)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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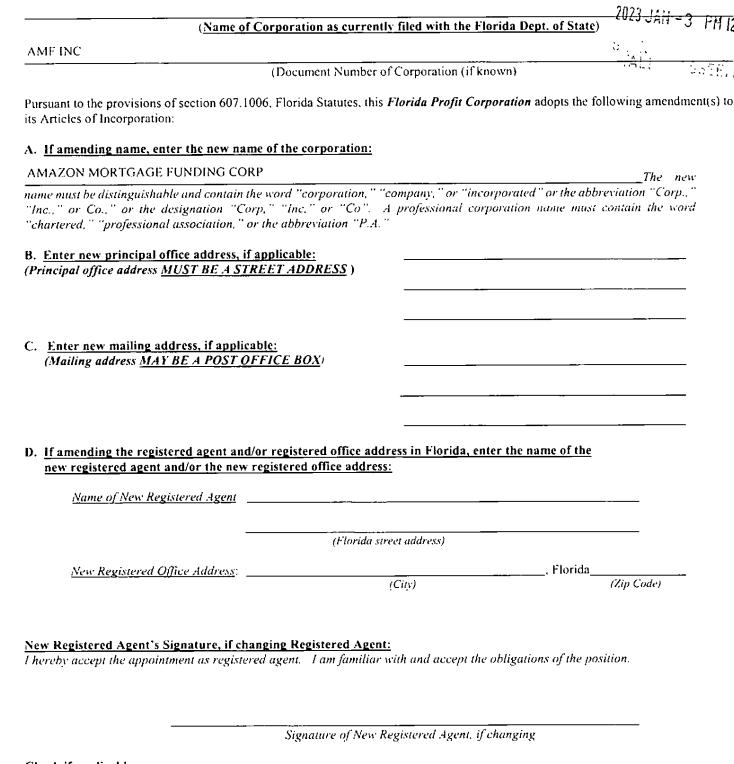
J 3/12/2023

COVER LETTER

TO: Amendment S Division of Co			•	
NAME OF CORE	PORATION: AMF INC			
	MBER: P21000065841			
The enclosed Artic	<i>les of Amendment</i> and fee are su	bmitted for filing.		
Please return all co	rrespondence concerning this ma	tter to the following:		
	FRANTZ S DE MILORD			
		Name of Contact Person		
	AMAZON MORTGAGE FU	INDING CORP		
		Firm/ Company		
	940 N PINEHILLS RD			
		Address		
	ORLANDO, FL 32808			
		City/ State and Zip Code		
	uebe940@gmail.com			
		sed for future annual report	notification)	
For turther informa	tion concerning this matter, plea	se call:		
FRANTZ DE MILORD		407 at (3835645 de & Daytime Telephone Number	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee		S43.75 Filing Fee & Certified 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303		

Articles of Amendment Articles of Incorporation





Check if applicable

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

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	<u>PT</u>	<u>John Doe</u>				
X Remove	<u>V</u>	Mike Jone	<u>es</u>			
<u>X</u> Add	<u>SV</u>	Sally Smi	<u>th</u>			
Type of Action (Check One)	<u>Title</u>	7	<u>Vame</u>		Address	
1) Change	- · · · · ·	_ _		 		
Add						
Remove						
2) Change				 		
Add						
Remove 3) Change						
Add		_ <u> </u>		 		
Remove						
4) Change		_ <u> </u>		 		
Add						
Remove						
5) Change		_ _		 		
Add						
Remove						
6) Change		<u> </u>				
Add						
Remove						

	y necessary).	(Be specific)				
<u>.</u>						
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			<u>-</u>		<u></u>	
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		·				
If an amendment provid	des for an exch	ange, reclassificati	ion, or cancellation	on of issued sha	ares,	
If an amendment provio	des for an exch	ange, reclassificat	ion, or cancellation	on of issued sha adment itself:	ares,	
If an amendment provide provisions for implementation of the contract of the c	des for an exchenting the amer	ange, reclassification	ion, or cancellation ained in the ame	on of issued sh:	ares,	
If an amendment provided provisions for implementation of the contract of the	des for an exchenting the amer	ange, reclassificati ndment if not cont	ion, or cancellation ained in the ame	on of issued sha ndment itself:	ares,	
If an amendment provided provisions for implementation of the contract of the	des for an exchenting the amei	ange, reclassificati	ion, or cancellation	on of issued sha ndment itself:	ares,	
If an amendment provice provisions for implementations (if not applicable, in	des for an exchenting the amen	ange, reclassificatind ment if not cont	ion, or cancellation in the ame	on of issued sha ndment itself:	ares,	
If an amendment provice provisions for implementation (if not applicable, in	des for an exchenting the amen	ange, reclassificat ndment if not cont	ion, or cancellation ained in the ame	on of issued sh:	ares,	
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If an amendment provi provisions for impleme (if not applicable, in	des for an exchenting the amen	ange, reclassificat	ion, or cancellation	on of issued sh:		

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable: 01/01/2023	
inicense date il applicable.	o more than 90 days after amendment file date)
Note: If the date inserted in this block does not n document's effective date on the Department of Sta	neet the applicable statutory filing requirements, this date will not be listed as the te's records.
Adoption of Amendment(s) (CHEC	K ONE)
The amendment(s) was/were adopted by the incoaction was not required.	orporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appr	reholders. The number of votes east for the amendment(s) royal.
☐ The amendment(s) was/were approved by the sh must be separately provided for each voting gro	archolders through voting groups. The following statement outpentitled to vote separately on the amendment(s):
"The number of votes east for the amendm	ent(s) was/were sufficient for approval
by	``
(voting	group)
Dated 12/28/2022	
Signature (By a director, presiden	t dyother officer – if directors or officers have not been
	rator – if in the hands of a receiver, trustee, or other court
FRANTZ SCH	LESINGER DE MILORD
(Тур	oed or printed name of person signing)
PRESIDENT	
(Titl	e of person signing)