P22000038821

(Re	equestor's Name)	
(Ad	ldress)	
	ldress)	
(Au	diess)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Du	Siless Entity Nam	ne)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: All Pro Logix Inc			
	IBER: P22000038821			
	s of Amendment and fee are sul	bmitted for filing.		
Please return all corn	espondence concerning this mat	tter to the following:		
	Jitendra Soni			
		Name of Contact Person	1	
	All Pro Logix Inc			
		Firm/ Company		
	3511 NW 73rd Way			
		Address	· · · · · · · · · · · · · · · · · · ·	
	Coral Springs, FL 33065			
		City/ State and Zip Cod	e	
	jitu@axarg.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, pleas) ⁴⁶⁵⁻⁴³³¹	
Name	e of Contact Person	Area Co	de & Daytime Telephone Number	<u> </u>
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:	2622.305
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	. <u>1</u>
Ar Di P.	ailing Address nendment Section vision of Corporations O. Box 6327 Illahassee, FL 32314	Amend Division The Co 2415	Address Ilment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	<u>()</u>

Articles of Amendment to Articles of Incorporation of

All Pro Logix Inc

(Name of	of Cornoration as currently	y filed with the Florida Dept. of St	ate)	
P22000038821	or corporation as current	Tuca ma ale i mila pepe oi oi	<u></u>)	
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this A	Florida Profit Corporation adopts th	e following amendmen	nt(s) to
A. If amending name, enter the new n	ame of the corporation:			
			Thenew	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association."	${\it Corp.}$ " ${\it Inc.}$ " or " ${\it Co.}$ ". A			
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>				
C. Enter new mailing address, if appl (Mailing address MAY BE A POST				
D. If amending the registered agent ar			<u>he</u>	
new registered agent and/or the new	w registered office address:	<u>:</u>	2	
Name of New Registered Agent	Jitendra Soni		:72	
	3511 NW 73rd Way		Ĭ,	•
	(Florida str	eet address)	1 .	
New Registered Office Address:	Coral Springs	. Floric	33065	
		(City)	(Zip Code)	-
			 (3	
New Registered Agent's Signature, if c I hereby accept the appointment as regist			position.	
	hai	4		
	Signature of New Re	egistered Agent, if changing		
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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Axar Group Inc	3255 NW 94th Ave
Add X Remove			Coral Springs, FL 33075
Remove 2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	 -		<u> </u>
Add			
Remove			

tach additional sheets, if necessary).	ticles, enter change(s (Be specific)			
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			 -	
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		- <u>-</u>		
n amendment provides for an exc ovisions for implementing the am	hange, reclassification	on, or cancellation of	ssued shares,	
(if not applicable, indicate N/A)	endment it not conta	inco in the attendine	at tiscii.	

		·	<u> </u>	
		<u> </u>		

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The date of each amendment(s) addate this document was signed.	option:	, if other than th
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this dapartment of State's records.	ite will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado action was not required.	nted by the incorporators, or board of directors without shareholder acti	on and shareholder
The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes cast for the amendment(ficient for approval.	(s)
	roved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes east i	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
07/28/2022 Dated Signature	mul.	
selected	rector; president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other count diductary by that fiduciary)	rt
	litendra Soni	
-	(Typed or printed name of person signing)	
	President	

(Title of person signing)