P96000076165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Amend

FILED
2023 AUG 10 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2023 AUG 10 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. RAMSEY

AUG 11 2023

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: I20210000160 $52.50
Authorization Signature: Lrotato
All Florida Recovery Corp. P96000076165
Business Name Doc. #

_X__**Certified Copy of ARTICLES**

_X_ Certificate of Status

NEW FILINGS

__ Profit Corp
____Not for Profit
____Officer/Director
_ _ _Limited Liability
____Domestication
____Other
__ **CORP**
___ **LLLP**

AMENDMENTS

_X__Amendment
__ Resignation of R.A.

___ Change of Registered Agent
____Revocation of Dissolution
__ __Merger
___**Conversion**
___ **Amended and restated Articles**
___Statement of Authority

OTHER FILINGS

____Annual Report

____Fictitious Name

__ APOSTILLE _____Other
Country

REGISTERATION/QUALIFICATIONS

__ Foreign filing
____Limited Partnership
___ Reinstatement

EXAMINER'S INITIALS:_____

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ALL FLORIDA RECOVERY CORP.

DOCUMENT NUMBER: P96000076165

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

James Frey
Name of Contact Person

911 KEYS LLC.
Firm/Company

3622 Oceanshore Blvd
Address

Ormond Beach, FL 32176
City/State and Zip Code

911keysfl@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Frey at (954) 818-7474
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ $35 Filing Fee

☐ $43.75 Filing Fee & Certificate of Status

☐ $43.75 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

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED

2023 AUG 10 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

ALL FLORIDA RECOVERY CORP.
(Name of Corporation as currently filed with the Florida Dept. of State)

P96000076165
(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 corporation:**

_____ *The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. **Enter new principal office address, if applicable:**
(Principal office address MUST BE A STREET ADDRESS)

3622 Oceanshore Blvd
Ormond Beach, FL 32176

C. **Enter new mailing address, if applicable:**
(Mailing address MAY BE A POST OFFICE BOX)

3622 Oceanshore Blvd
Ormond Beach, FL 32176

D. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent: James Frey

3622 Oceanshore Blvd
(Florida street address)

New Registered Office Address: Ormond Beach *(City)*, Florida 32176 *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

_____
Signature of New Registered 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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ___ Change	P	Brian Frey	4232 N Oceanshore Blvd Palm Coast, FL 32137
___ Add			
✓ Remove			
2) ___ Change	P	James Frey	3622 Oceanshore Blvd Ormond Beach, FL 32176
✓ Add			
___ Remove			
3) ___ Change			
___ Add			
___ Remove			
4) ___ Change			
___ Add			
___ Remove			
5) ___ Change			
Add			
Remove			
6) ___ Change			
___ Add			
Remove			

E. **If amending or adding additional Articles, enter change(s) here**
(Attach *additional sheets if necessary*) *(Be specific)*

I, James Frey, accept and understand the obligations of my position as Registered Agent of ALL FLORIDA RECOVERY CORP.

F. **If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**
(If not applicable, indicate N/A)

The date of each amendment(s) adoption: 6/18/2023, if other than the date this document was signed

Effective date if applicable: 8/10/2023
(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 listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

✓ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

_ 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)

Dated 6/18/2023

Signature _____
(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)

Brian Frey
(Typed or printed name of person signing)

President
(Title of person signing)