P910000 61286

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Cartified Conies Cartificator of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700351198937

08/31/20--01016--005 **43.75

2020 AUG 31 PM 3: 14 SCCRCIPPY OF CELLS TAVEABLE SEET (0010)

COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: A Fire Protection Plus, Inc. P97000067286 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Emilio Castro
Name of Contact Person A Fire Protection Plus Inc. 1115 SE 9th Court Hialeah, F2 33010
City/ State and Zip Code Kat Leo 7 @aol. Com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Emilio Castro at (305) 898-3742

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: **□\$**43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee ☐ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
Name Change from A Fice Protection	Plus
Name Change from A Fire Protection to Castro Capital AFP Corp.	1 1003, 11%
to Castro Capital AFP 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:	, if other than	n 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 med document's effective date on the Department of State's	et the applicable statutory filing requirements, this date will not be listed as s records.	s the
Adoption of Amendment(s) (CHECK	ONE)	
The amendment(s) was/were adopted by the shareh by the shareholders was/were sufficient for approv	nolders. The number of votes east for the amendment(s) ral.	
☐ The amendment(s) was/were approved by the share must be separately provided for each voting group	cholders through voting groups. The following statement o entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendmen	H(s) was/were sufficient for approval	
by(voting gr		
(voting gr	roup)	
The amendment(s) was/were adopted by the board action was not required.	of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the incorpaction was not required.	porators without shareholder action and shareholder	
Dated 8/18/30		
Signature		
	or other officer - if directors or officers have not been	
selected, by an incorporal appointed fiduciary by the	tor – if in the hands of a receiver, trustee, or other court at fiduciary)	
Fmi	d or printed name of person signing)	
(Турес	d or printed name of person signing)	
Pre	sident.	
	(Title of person signing)	