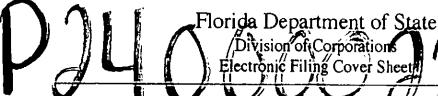
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Division of Corporations

H240002148203



From: +17864106035 (DCS)

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : DEALER CONSULTING SERVICES, INC.

Account Number : I20010000121 Phone : (305)758-9001 Fax Number : (786)410-6035

≠≠Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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H240002148203

COVER LETTER

TO: Amendment Section Division of Corporations	;				
NAME OF CORPORATIO	N: AMFER MOTOR	S CORP			
DOCUMENT NUMBER:	DOCUMENT NUMBER: P24000022587				
The enclosed Articles of Ame	ndment and fee are su	ibmitted for filing.			
Please return all corresponder	ice concerning this ma	atter to the following:			
ALEX	ANDRA BAUTISTA				
		Name of Contact F	Person		
DEAL	ER CONSULTING SI	ERVICERS, INC.			
		Firm/ Compan	ny		
7537 N	W 7TH AVE				
		Address	<u> </u>		
MIAM	I, FL 33150				
,		City/ State and Zip	Code		
CORPO	DRATIONS@DCS-N	ETWORK.COM			
——————————————————————————————————————	mail address: (to be us	sed for future annual re	report ne	otification)	
For further information concer	ming this matter, plea	se cail:			
ALEXANDRA BAUTISTA		at (758-9001	
Name of Conta	ct Person		ea Code	& Daytime Telephone Number	
Enclosed is a check for the fol	lowing amount made	payable to the Florida	Depart	tment of State:	
_	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee Certified Copy (Additional copy i enclosed)		S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Ad Amendment Division of (P.O. Box 63 Tallahassee,	Section Corporations 27	Ai Di TI 24	ivision he Cen 415 N.	ent Section of Corporations tre of Tallahassee Monroe Street, Suite 810 ee, FL 32303	

#240002148203

To: +18506176380

Articles of Amendment to Articles of Incorporation of

rrently siled with the Florid	la Dept. of State)	
iber of Corporation (if know	n)	
, this <i>Florida Profit Corpor</i> e	ation adopts the following am	endment(s)
on;		
		300
on," "company," or "Incorpo o". A professional corport P.A."	rated" or the abbreviation "C ation name must contain the	· · · · · · · · · · · · · · · · · · ·
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e address in Florida, enter i dress:	the name of the	
ida street address)		
ida street address) (City)	, Florida(Zip Code)	
	this Florida Profit Corpord  on:  n," "company," or "incorpord"  A professional corpord  P.A."	n," "company," or "Incorporated" or the abbreviation "Co". A professional corporation name must contain the P.A."

Check if applicable

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

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## HZ40002148203

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 Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) X Change	P	AMANDA FERNANDEZ PINEIRO	10711 SW 216 TH ST
Add			MIAMI, FL 33170
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

To: +18506176380

If amending or adding additional Attach additional sheets, if necessa	y). (Be specific)	·		
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f an amendment provides for an provisions for implementing the	amendment if not cont	ained in the amend	ment itself:	
(if not applicable, indicate N/A	)			
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The date of each amendment(s) a date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this epartment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac action was not required.	opted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendm ufficient for approval.	ent(s)
	proved by the shareholders through voting groups. The following start each voting group entitled to vote separately on the amendment(s):	lement
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	. т	
	(voting group)	
JUNE 191 Dated	°H,2024	
	DocuBigned by:	
Signature	and a	
	director, president or other officer - if directors or officers have not b	
	ed, by an incorporator - if in the hands of a receiver, trustee, or other ated fiduciary by that fiduciary)	COURT
	AMANDA FERNANDEZ PINEIRO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	