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L'AHASSEE, FLORID

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: PININFARINA O	F AMERICA CORPORAT	TION
DOCUMENT NUM	ИВЕR:		
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.	
Please return all cor	respondence concerning this ma	atter to the following:	
	CLAUDIO DA SOLLER		
		Name of Contact Perso	n
	PININFARINA OF AMERIC	CA CORPORATION	-
		Firm/ Company	
	501 BRICKELL KEY DRIV		
	- JOI BRICKELL RET DRIV		
	MANU PLONINA 22121	Address	
	MIAMI, FLORIDA 33131		
		City/ State and Zip Cod	e –
C.D	ASOLLER@PININFARINAE	XTRA.IT	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas		4241653
Name	e of Contact Person	at (Area Co	de & Daytime Telephone Number
	or the following amount made		
□ \$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)
An Di P.C	nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

PININFARINA OF AMERICA CORP,

(<u>Name of Corporati</u>	on as currently filed with the Florida Dept. of State)
P0600001000	
(Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Floridatis Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	erporation:
name must be distinguishable and contain the worn "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	The new rd "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	B-8 PM L: 44 IASSEE_FLORIDA
D. If amending the registered agent and/or register new registered agent and/or the new registered agent a	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) Zip Code)
New Registered Agent's Signature, if changing Regin the Agent. If the Agent is registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
Signe	ature of New Registered Jaent if changing

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	MATEO DE LISE	501 BRICKELL KEY DRIVE
Add			SUITE 200
X Remove			MIAMI FLORIDA 33131
2) Change	D	PAOLO TREVISAN	501 BRICKELL KEY DRIVE
X Add			SUITE 200
Remove			MIAMI FLORIDA 33131
3)Change	D	CLAUDIO DA SOLLER	501 BRICKELL KEY DRIVE
X Add	-		SUITE 200
Remove			MIAMI FLORIDA 33131
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			,
6) Change			
Add			
Remove			

	(Be specific)
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f an amendment provides for an exch provisions for implementing the amer	nange, reclassification, or cancellation of issued shares,
f an amendment provides for an exchiprovisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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The data of a share and a second	FEBRUARY 2017	
The date of each amendmen		, il other than the
date this document was signed		
Effective date if applicable:	FEBRUARY 1 2017	
Energy date it applicable.	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date the Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) cre sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	t
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voling group)	
action was not required.	re adopted by the board of directors without shareholder action and shareholder e adopted by the incorporators without shareholder action and shareholder	
action was not required.	, ,,	
DatedSignature(B	y a director, president or other officer — If directors or officers have not been lected, by an incorporator — in the hands of a receiver, trustee, or other court	
	pointed fiduciary by that fiduciary)	
	PAOLO PININFARINA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	