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COVER LETTER

TO: Amendment Section **Division of Corporations** UNLIMITED AUTO FINANCE CORP NAME OF CORPORATION: P09000052478 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ALAIN MENENDEZ Name of Contact Person UNLIMITED AUTO FINANCE CORP Firm/ Company 7920 SW 15 ST Address MIAMI, FL 33144 City/ State and Zip Code ALMEDLLC@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALAIN MENENDEZ Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

UNLIMITED AUTO FI	NANCE.	CORP
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. (<u>Name</u> e	of Corporation as currer	tly filed with the Florida Dept.	. of State)		
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, the	is Florida Profit Corporation ad	opts the following	g amendm	ent(s) to
A. If amending name, enter the new name, DUKRIS DESIGN ENTERPRISES COR			٠.	The nev	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corpora		bbreviation	n
		1256 SW 8 ST SUITE A			
(Principal office address MUST BE A S		MIAMI, FL 33130	۰۰ خ سر	2	,
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7920 SW 15 ST	(A)	-9 P	
		MIAMI, FL 33144		H 2:	
			,	图 5	
D. If amending the registered agent an new registered agent and/or the new			ne of the		
Name of New Registered Agent					
	1256 SW 8 ST SUITE A		· .		
New Registered Office Address:	(Florida :	street address)	, Florida 33130		
		(City)	(Zip C	Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regis.	hanging Registered Age tered agent. I am familia	nt: r with and accept the obligations	s of the position.		
	Signature of New	Registered Agent, 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:	ove, unu su	my Smin, Sr us un Auu.		
X Change	<u>PT</u>	John Doe	· · · · · · · · · · · · · · · · · · ·	٠ ٠.
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		-	· · · · · · · · · · · · · · · · · · ·	• • •
Add				
Remove				
2) Change			<u> </u>	. ;
Add				
Remove				
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f an amendment provides for an eychange reclassification or cancellation of issue	d charac					
If an amendment provides for an exchange, reclassification, or cancellation of issued provisions for implementing the amendment if not contained in the amendment itse	d shares, elf:					
f an amendment provides for an exchange, reclassification, or cancellation of issue provisions for implementing the amendment if not contained in the amendment itself (if not applicable, indicate N/A)	elf:					
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The date of each amendment(s) adoption:	, if other than the
late this document was signed. 05/01/2016	
Effective date if applicable: (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 document's effective date on the Department of State's records.	ll not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
05/01/2016 Dated	e e e e e e e e e e e e e e e e e e e
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)	_
ALAIN MENENDEZ	
(Typed or printed name of person signing)	
PD	, •
(Title of person signing)	