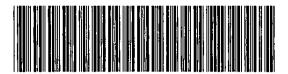


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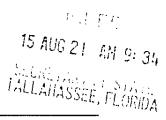
R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: DYNAMIC CREDIT SOLUTIONS INC							
DOCUMENT NUMBER: 1 13000007 133							
The enclosed Articles	of Amendment and fee are sul	omitted for filing.					
Please return all correspondence concerning this matter to the following:							
	JUAN CARLOS A	LBER					
		Name of Contact Persor	1				
	ALBER TAX ACC	COUNTANT					
	,	Firm/ Company					
	11401 SW 40TH ST SUITE 260						
	Address						
	MIAMI, FL 33165						
	<u> </u>	City/ State and Zip Code	2				
4.0	O ALDEDOUGTA						
AC	C.ALBER@HOTN						
	E-mail address: (to be us	ed for future annual report	notification)				
For further information	on concerning this matter, pleas	e call:					
JUAN CARL	OS ALBER	at (305	, 713-9142				
Name	of Contact Person	Area Co	de & 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 Statur	□\$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		Street Address					
	endment Section	Amendment Section					
	rision of Corporations	Division of Corporations					
	). Box 6327	Clifton Building 2661 Executive Center Circle					
lai	lahassee, FL 32314	Tallahassee, FL 32301					

## Articles of Amendment to Articles of Incorporation of



## DYNAMIC CREDIT SOLUTIONS, INC.

Bitta time of tebricological to the control to the	
(Name of Corporation as currently filed with the F	lorida Dept. of State)
P13000067199	
(Document Number of Corporation (i	f known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation	n," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	PO BOX 655137
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	MIAMI, FL 33265
D. If amending the registered agent and/or registered office addrawa registered agent and/or the new registered office address	
Name of New Registered Agent GABRIEL CARE	DENAS
8950 SW 74TH	CT STE 2201
	eel address)
New Registered Office Address: MIAMI	. Florida 33156
(City)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar y Signature of New Registered	with and accept the obligations of the position.

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 Do	<u>ee</u>		
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>		
Type of Action (Check One)	<u>Title</u>		Name	Address	
1) Change	PSD		MANUEL CARDENAS	8950 SW 74TH CT	
Add		_		SUITE 2201	
Remove				MIAMI, FL 33156	
2) Change	PSD	_	GABRIEL CARDENAS	8950 SW 74TH CT	
Add				SUITE 2201	
Remove				MIAMI, FL 33156	
3) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change		<u>.</u>			
Add					
Remove					
6) Change		_			
Add					
Remove					

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,	
provisions for implementing the amen (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	

The date of each amendment(s) adoption: 08/19/2015	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
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)	
(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.	
Dated 08/19/2015	
Signature V MlOCe	
(B) a director, president of 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)	
GABRIEL CARDENAS	
(Typed or printed name of person signing)	··········
PRESIDENT	
(Title of person signing)	<del></del>