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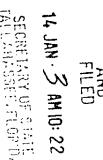
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COVER LETTER

TO: Amendment Section

Division of Corporations DTRGI INC. NAME OF CORPORATION: _ P1300096484 DOCUMENT NUMBER: __ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Bruce A. Medlen Drew) Name of Contact Person Micco Financial Firm/ Company 8000 Ron Beatty Blvd. Suite A-1 Address Micco, Florida. 32976 City/ State and Zip Code MiccoFinancial@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Bruce A. Medlen 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: □ \$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) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

APPROVED AND FILED

Articles of Amendment to Articles of Incorporation of

14 JAN - 3 AM 10: 22

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DTRG INC.

(Name of Corporation as	currently filed with the Florida Dep	t. of State)	-
P	13000096484		
(Documen	t Number of Corporation (if known)	·	_
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Pro</i>	ofit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new na	me of the corporation: CO FINANCIAL INC		The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associal	ation "Corp," "Inc," or "Co". A pr		abbreviation
B. Enter new principal office address, (Principal office address MUST BE A ST			_
C. Enter new mailing address, if application (Mailing address MAY BE A POST Control of the Mailing address of the Mailing address, if application (Mailing address) address of the Mailing address of the	d/or registered office address in Flor		- - -
Name of New Registered Agent	Bruce A. Medlen	· · · · · · · · · · · · · · · · · · ·	
	8000 Ron Beatty Blvd	. Suite A-1	
	(Florida street address)	00070	
New Registered Office Address:	Micco (City)	, Florida 32976 (Zip Code)	_
New Registered Agent's Signature, if ch		(z.p code)	
I hereby accept the appointment as registe	ered agent. I am familiar with and ac		
Sig	mature of New Registered Agent, if ch	anging	

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>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	PCEC	2	Bruce A. Medlen	902 Midway St
Add				Barefoot Bay, Fl. 32976
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		-		
Remove				
i i Kemove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					
We are asking that the corporation name DTRG INC. be changed to					
MICCO FINANCIAL INC.					
We are asking that the title of CEO is added to the current Presidents title					
Bruce A. Medlen should be the President and CEO of MICCO FINANCIAL INC.					
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)					
N/A					
` <u> </u>					

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14 JAN - 7 AM 10: 22

The date of each amendment(s) adoption.	, if other than the
date this document was signed. SECRETARY OF STATE FALL AHASSEE, FLORIDA	
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)	
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.	
Dated12/30/2013	
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)	
Bruce A. Medlen	
(Typed or printed name of person signing)	
President	
(Title of person signing)	