P14000001569

(Re	equestor's Name)			
(Ad	dress)			
(Ad	ldress)			
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> SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: MC MOTORCARS INC DOCUMENT NUMBER: P14000001569 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARTIN ANTONIO CASTELLANOS Name of Contact Person Firm/ Company 7882 WEST 34TH LANE #101 Address HIALEAH, FL 33018 City/ State and Zip Code MCMOTORCARS@HOTMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARTIN ANTONIO CASTELLANOS at (786) 970-3935

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: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee ■ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing 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

Articles of Amendment to Articles of Incorporation



MC MOTORCARS INC

14 OCT 30 PH 2: 05

(Name of Corporation as P14000001569	currently filed with the	Florida Dept. of State)	
	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Floridu Profit Corporation adopts the following amendment(s)	to
A. If amending name, enter the new na	me_of_the corporation:		
		The new	
	ation "Corp," "Inc." or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		7400 NW 55TH STREET	
		MIAMI, FL 33166	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		7400 NW 55TH STREET	
		MIAMI, FL 33166	
D. If amending the registered agent an new registered agent and/or the new	v registered of fice addres		
Name of New Registered Agera	7400 NW 55TH	STREET	
	(Florida st	eet address)	
New Registered Office Address:	MIAMI,	Florida 33166 (Zip Code)	
New Registered Agent's Signature, if cl I hereby accept the appointment as regist		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.

X Change	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u>e Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	v Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PT	Martin Antonio Castellanos	7400 NW 55TH STREET
Add			MIAMI, FL 33166
Remove			
2) Change		<u> </u>	
Add			
Remove			
3) Change			
Add			
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4) Change			
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5) Change			
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6) Change			
Add			
Remove			

	(Be specific)
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if an amandment municipal for an auch	
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
f an amendment provides for an exchiprovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
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provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

The date of each amendment(s) adoption	SECRETARY OF STATE SECRETARY OF STATE DIVISION OF CORPORATIONS	, if other than the
date this document was signed. Effective date if applicable:	14 OCT 30 PM 2: 05	, if other than the
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) nt for approval.	
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the	e amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/were adopted baction was not required.	by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted baction was not required.	by the incorporators without shareholder action and shareholder	
Dated_10/28/2014		
	IN Casfellavos	
(By & director selected, by a	r, president or other officer – if directors or officers have not been in incorporator – if in the hands of a receiver, trustee, or other court luciary by that fiduciary)	
MAF	RTIN ANTONIO CASTELLANOS	
	(Typed or printed name of person signing)	_
PRE	(Title of person signing)	
	(Title of person signing)	