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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ALEXANDE	ER CAR GROUI	P CORP
	<sub>ER:</sub> P1500001439		<u> </u>
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corres	ondence concerning this ma	tter to the following:	
1	Christopher A. Ba	arkovic	
_		Name of Contact Person	1
<u>.</u>	ALEXANDER CA	R GROUP COF	RP
		Firm/ Company	
_	361 Poinciana Dr	•	
		Address	
	Sunny Isles, FL 3	3160	
		City/ State and Zip Cod	e
ibor	is@barkovic.net		
	<del></del>	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call;	
Christopher A	Barkovic	<sub>at (</sub> 305	_ <sub>.)</sub> 924-3407
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:
□ \$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)
Amer Divis P.O.	ing Address Idment Section Idment Se	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation



15 MAR 25 AH 11: 22

## ALEXANDER CAR GROUP CORP

(Name of Corporation as currently filed with the	Florida Dept. of State)
P15000014390	
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	lress in Florida, enter the name of the
Name of New Registered Agent	<u> </u>
(Florida s	reet address)
New Registered Office Address: (City	Florida
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations 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: 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>	Name	<u>Addres</u> s		
1) Change	Т	Ivan Boris Barkovic	361 Poinciana Dr		
Add			Sunny Isles, FL 33160		
Remove					
2) Change					
Add					
Remove					
3) Change					
Add			<u> </u>		
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

ttach additional	sheets, if necessary).	cles, enter change(s) here: (Be specific)	
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an amandmani	provides for an ava	ango modessification as concellatio	n of icound chause
rovisions for in	aplementing the amo	ange, reclassification, or cancellation of cancellation of the amen	dment itself:
(if not applie	able, indicate N/A)		
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SECRETARY OF LIMIT DIVISION OF CORPORATIONS

The date of each amendment(s) adopt	ion: 03/24/2015	DIVISION OF CI		, if other than the
date this document was signed.		15 MAR 25	AM 11: 22	
Effective date if applicable: 03/24/	2015	10 HW Co		
in applicable.	(no more than 90	days after amendment f	ile date)	
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopted by the shareholders was/were sufficient		number of votes east for	the amendment(s)	
The amendment(s) was/were approvemust be separately provided for each				
"The number of votes cast for		sufficient for approval		
by	(voting group)	·	•	
	(voting group)			
The amendment(s) was/were adopted action was not required.	d by the board of directors w	ithout shareholder actio	on and shareholder	
The amendment(s) was/were adopted action was not required.	d by the incorporators withou	ut shareholder action an	d shareholder	
Dated 03/24/2015	5			
selected, by	tor, president or other office y an incorporator – if in the fiduciary by that fiduciary)			_
Ch	nristopher A. Barkovid	;		
	(Typed or pri	nted name of person sig	ning)	
Pr	esident			
	(Title	of person signing)		