## P15000038601

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I ALBRITTON



**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: AMERICAN FINANCIAL CARS GROUP COIST.				
DOCUMENT NUMBE	R: P150000	38601		
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ondence concerning this ma			
	ADRIA	Name of Contact Person	24	
_		Name of Contact Persor	1	
	AMENICS	N TINANCISC PAI	25 GrOUP CORP	
_		Firm/ Company		
	3059 YOUN	GFORD ST		
_		Address		
	ORLONDO	FL 32	824	
_	t	City/ State and Zip Code	e	
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Anusu Olivers at 321 746 9007  Name of Contact Person Area Code & Daytime Telephone Number				
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	☐S43.75 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)	
<u>Mailir</u>	ng Address	Street	Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



## **Articles of Amendment** Articles of Incorporation

of

## AMERICAN FINANCIAL CARS GROUP CORP

## (Name of Corporation as currently filed with the Florida Dept. of State)

P1500003	8601	,
(Document Numbe	r of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	nis <i>Florida Profit Corporation</i>	adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
		T
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," owword "chartered," "professional association," or the abbreviation	r "Co". A professional corp	The new rporated" or the abbreviation oration name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
	<del>,</del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		F0 1
(Maining and etc.)	<del></del>	
		725
D. If amending the registered agent and/or registered office a		name of the
new registered agent and/or the new registered office addr	ress:	
Name of New Registered Agent		<u> </u>
(Florida	street address)	
New Registered Office Address:		. Florida
Hely Registered Office Hawrens.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age	ent:	:
I hereby accept the appointment as registered agent. I am familie	ar wun ana accept the obugati	ions of the position.
Signature of Ma	u Pagistavad Agant if ahangin	

Signature of New Registered Agent, if changing

mending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and dress 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	_<	HERIHAR M FAJARDO CASING	3059 YOUNGFORTST
Add			ORUSHIDO FL 32824
X Remove			
2) Change	_ ✓	JUAN PABLO OSONIO	9530 SIDNEY HAYES RD ORLAND FL 32824
🔀 Add			ONLAND 72 32824
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)	
	, <u>, , , , , , , , , , , , , , , , , , </u>	
f an amandment provides for an evol	nange, reclassification, or cancellation of issued share	•
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	<u>~</u>

The date of each amendment(s) ac	loption:		, if other than th
date this document was signed.	-		
Effective date <u>if applicable</u> :			
	(no more than 9	0 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De		cable statutory filing requirements, this	date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
☐ The amendment(s) was/were ado by the shareholders was/were su		e number of votes east for the amendme	nt(s)
		ough voting groups. The following state vote separately on the amendment(s):	ement
"The number of votes cast	for the amendment(s) was/wer	re sufficient for approval	
by	(voting group)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)		
☐ The amendment(s) was/were add action was not required.	pted by the board of directors	without shareholder action and shareho	older
The amendment(s) was/were add action was not required.	pted by the incorporators with	nout shareholder action and shareholder	
Dated	1-71-16		
Dated	11/1 11/1	1///	
Signature	Mus 1		
		cer - if directors or officers have not be	
		e hands of a receiver, trustee, or other of	ourt
арроіп	ted fiduciary by that fiduciary	)	
	Annow C	DHVERA name of person signing)	
	(Typed or printed	name of person signing)	
	PRESIT	ENT	

(Title of person signing)