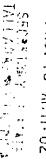
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON:DEALER CAPITA	AL GROUP INC	
DOCUMENT NUMBER:	P15000101018		<u> </u>
The enclosed Articles of Am		bmitted for filing.	
Please return all corresponde	ence concerning this ma	tter to the following:	
ALEX	K PINA		
	·	Name of Contact Per	son
PINE	APPLE ACCOUNTING	\mathbf{G}	
 ,		Firm/ Company	
8400	NW 36TH ST STE 450		
		Address	
DOR	AL, FL 33166		
***************************************		City/ State and Zip C	ode
CLIENT@	PINEAPPLEACCOUN	TING.COM	
	E-mail address: (to be us	sed for future annual rep	ort notification)
For further information conc	erning this matter, pleas	se call:	
ALEX PINA		at (³⁰⁵	803-8471 Code & Daytime Telephone Number
Name of Cor	tact Person	Area	Code & Daytime Telephone Number
Enclosed is a check for the f	ollowing amount made	payable to the Florida De	epartment of State:
\$35 Filing Fee	3\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box	nt Section f Corporations	Ame Divi Clift	et Address endment Section sion of Corporations on Building I Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

16 NOV 15 AH 11: 02

DEALER CAPITAL GROUP, INC

(Name of Corporation	as currently filed with the Florida D	epti of State) in Till A
P15000101018		
(Documen	nt Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	statutes, this Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	ocration:	
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"Inc," or "Co". A professional corp	
B. Enter new principal office address, if applicable:		<u> </u>
(Principal office address <u>MUST BE A STREET ADDRI</u>	<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		name of the
Name of New Registered Agent		
	(5)	
	(Florida street address)	
New Registered Office Address:	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a		ions of the position.
Signatu	ure of New Registered Agent, if changin	

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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) X Change	P	MANUEL F ROJAS LEAL	7661 NW 114TH PL
Add			
Remove		•	DORAL, FL 33178
2) Change	VP	NAYDELIS C SOTO DE ROJAS	7661 NW 114TH PL
X Add			DORAL, FL 33178
Remove 3) Change	CFO	ALEXANDRI PINA	8400 NW 36TH ST STE 450
Add			
Remove			DORAL, FL 33166
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damova			

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	•
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	I not be listed as the
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.	
11/15/2016	
DatedSignature	
(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)	
ALEXANDRI PINA	
(Typed or printed name of person signing)	
CHIEF FINANCIAL OFFICER	
(Title of person signing)	