P96000084085

(Requestor's Name)						
(Address)						
(Address)						
-						
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to	Filing Officer:					

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SECRETARY OF STATIONS
ONVISION OF CORPORATIONS

C. TENERS O SOM

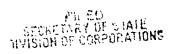
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: AZF AUTO	MOTIVE GROU	P, INC				
DOCUMENT NUMB	_{ER:} P9600008408	35					
	of Amendment and fee are su						
Please return all corres	pondence concerning this ma	tter to the following:					
	ANGELICA L BE	LTRAN					
-		Name of Contact Person	1				
	BELTRAN ACCO	OUNTING SERV	ICES CORP				
-		Firm/ Company					
_	6303 BLUE LAGOON DR SUITE 400						
		Address					
	MIAMI FL 33126						
-		City/ State and Zip Code	e				
abe	ltran@beltranacc	counting.com					
		sed for future annual report	notification)				
For further information	concerning this matter, pleas	se call:					
ANGELICA L	BELTRAN	at (305	, 456-1999				
Name o	f Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a check for	the following amount made	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)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



14 NN -9 PH 1:40

AZF AUTOMOTIVE GR	OUP, INC		ł **	Jon J III	•
(Name of Corporation a	s currently filed w	ith the Florida	Dept. of State)		
P96000084085					
(Docume	nt Number of Corp	oration (if know	1)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statu	utes, this <i>Florida</i>	Profit Corporation a	dopts the following	; amendment(s) to
A. If amending name, enter the new n	ame of the corpor	ation:			
					_The new
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Ir	nc," or "Co". 2			
B. Enter new principal office address, (Principal office address MUST BE A S					
(Frincipal office address MOST BE A S	TREET ADDRES	<u> </u>			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST	icable:				
(Mauing address MAT BE A POST	<u>Urrice bua</u>)				
		•			
D. If amending the registered agent an new registered agent and/or the ne			Florida, enter the nar	ne of the	
Name of New Registered Agent	Angelica L	Beltran			
	6303 Blue	Lagoon D	r Suite 400	-	
		Florida street addr		-	
New Registered Office Address:	Miami		. Florida	33126	
		(City)		(Zip Code)	
New Registered Agent's Signature, fixed I hereby accept the appointment as regis	jered openi. I dim Gelioo K	familier with and	,	s of the position.	
	gnature of New Re	gistered Agent, ij	f 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 <math>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>РТ</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			
1) Change	VP	CARLOS R DOMENECH	1900 NW 79TH AVENUE			
Add			DORAL, FL 33126			
Remove						
2) Change						
Add						
Remove						
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

ttach <i>additiona</i>	adding additional Arti al sheets, if necessary).	(Be specific)	_		
· · · · ·					
		,			
		,			
					
		•			
				,	
					
					
If an amendmer	nt provides for an exch	nange, reclassific	eation, or cance	llation of issued	shares,
provisions for i	implementing the ame	ndment if not co	ntained in the	amendment itsel	<u>f:</u>
(if not appl	icable, indicate N/A)				
· · ·					

PILED SECRETARY OF STAIL DIVISION OF CORPORATIONS

The date of each amendmen		aivision of c	DRPORATIONS	if other than the
date this document was signed	ı. - 06/04/2014	14 JUN -9	PM 1:40	
Effective date if applicable:	(no more			
		_		
Adoption of Amendment(s)	(<u>CHECK ONI</u>	<u>S</u>)		
	re adopted by the shareholde ere sufficient for approval.	rs. The number of votes case	t for the amendment(s)	
	re approved by the sharehold ed for each voting group enti			
"The number of votes	s cast for the amendment(s) v	vas/were sufficient for appro	val	
by			·•,	
, 	(voting group)			
The amendment(s) was/we action was not required.	re adopted by the board of di	rectors without shareholder	action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporate	ors without shareholder actio	n and shareholder	
Dated_06/0	04/2014			
Signature	By a director, president or off	officer – if directors or of	Tivers have not been	_
SG	elected, by an incorporator/-	if in the hands of a receiver,		
aj	ppointed fiduciary by that/fid	uciary)		
	IVAN G MOTTA			
	(Тур	ped or printed name of person	n signing)	_
	PRESIDENT			
		(Title of person signing)		_