NI5000007660

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

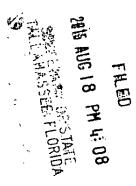
Office Use Only



000276076880

amera

08/18/15--01003--004 **35.00





COVER LETTER

TO: Amendment Section **Division of Corporations**

FCC Monster Truck, Inc. NAME OF CORPORATION:
N15000007660 DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Barbere
(Name of Contact Person)
(Firm/ Company)
10390 NW 18th Place
(Address)
Plantation, Florida 33322
(City/ State and Zip Code)
beefybarbere61@aol.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Barbere 954 609-1263
(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 Certificate of Status Certified Copy (Additional copy is enclosed) \$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

FILED PH 4° 08
BOTATE

FCC Monster Truck, Inc.

		Ed.	and the solid
(Name of Corporation as c	urrently filed with the Florida Dep	t. of State) 🦪	MEGEE: FLOW
N15000007660		t. of State)	بهورون المستراك والواباغ
(Document	Number of Corporation (if known)	- 2	
(Document	rumosi or corporation (il known)	- "	
Pursuant to the provisions of section 617.1006, Florida 9 amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For Profit	Corporation a	dopts the following
A. If amending name, enter the new name of the cor	poration:		
			The new
name must be distinguishable and contain the word "co	rporation" or "incorporated" or the	abbreviation	
"Company" or "Co." may not be used in the name.			
B. Enter new principal office address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		
	<u> </u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX			
(mutting uturess MAT BE A FOST OFFICE BOA	·		
D. If amending the registered agent and/or registered		e name of the	<u> </u>
new registered agent and/or the new registered of	ince address:		
Name of New Registered Agent:			
-	(Florida stree	t address)	
New Registered Office Address:			
		, Florida	
	(City)	(Zip C	
New Registered Agent's Signature, if changing Regis	tored Agent:		
I hereby accept the appointment as registered agent. I	am familiar with and accept the oblig	gations of the I	position.
	·		
	Signature of New Registered Age	ent if changing	2

If amonding 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 X Remove X Add	PT John D V Mike Jo SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	Whit Tarlton	222 Wedgewood Road
X Add			Wadesboro, NC 28170
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic (attach additional sheets, if necessary).	(Be specific)
	<u> </u>

	e date of each amendment(s) adoption: 8/7/2015 , if other than the this document was signed.
Eff	ective date <u>if applicable</u> : (no more than 90 days after amendment file date)
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ument's effective date on the Department of State's records.
Adg	option of Amendment(s) (CHECK ONE)
ø	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. Dated Signature (By the chairman of vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Michael Barbere (Typed or printed name of person signing)
	President (Title of person signing)