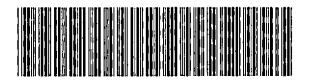
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: RUSE MUTORSports, Inc				
DXCUMENT NUMBER: <u>P.04000150.344</u>				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
James H. Rose JR Name of Contact Person				
EUSE INDTORSPORTS Inc.				
2323 BRUNER LD Address				
FORT MYCES, FL 33912 City/State and Zip Code				
JE 120 EARTHLINK, NET E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
James Rose JR at (239) 990 2982 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)				
Mailing 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

to

Articles of	· Li	acorpoi	ration
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$\Omega \circ S$	e Motorsourts Tinc
(Name of Corporation	as currently filed with the Florida Dept. of State) 15 10 15 59
PN4000150344	2M3 JOE 1.2 TH 48 24
(Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Stits Articles of Incorporation:	TALL ANASCEE: FLORIOR tatutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp.	oration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P.A."
3. Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRI</u>	ESS)
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	
). If amending the registered agent and/or registered	l office address in Florida, enter the name of the
new registered agent and/or the new registered off	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	Marida.
wew Registered Office Address.	, Florida (City) (Zip Code)
	·
New Registered Agent's Signature, if changing Registe	cred Agent:
hereby accept the appointment as registered agent. I as	un familiar with and accept the obligations of the position.
Signatu	ure of New Registered Agent, if changing
Signan.	no 19 140 no gistereu rigent, ij enunging

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	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	VTS_	Eein Rose	11296 Bluff Oak Ln
_ <u>X_</u> Add			FOR+ mycrs, FL 339/2
Remove			
2) <u>X</u> Change	POCFO	James Rose JR	112911 Bluff bak Ln
			FURT myees, FL 33918
Remove			
3)Change			
			
Remove			
4)Change		····	
Add			
Remove			
5)Change			<u></u>
Add			
Remove			
6) Change			
Add			
Remove			

	ditional sheets, if necessary)	. (Be specific)	ge(s) here:		
			 		
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f an ame	ndment provides for an exc as for implementing the am	:hange, reclassific	ation, or cancellati	ion of issued shares,	
<u>provisio</u>	<u>ns for implementing the am</u>	hange, reclassific	ation, or cancellationtained in the ame	ion of issued shares, adment itself:	
<u>provisio</u>	ndment provides for an exc as for implementing the am ot applicable, indicate N/A)	change, reclassific rendment if not co	ation, or cancellate	ion of issued shares, indment itself:	
<u>provisio</u>	<u>ns for implementing the am</u>	change, reclassific rendment if not co	ation, or cancellate	ion of issued shares, indment itself:	
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<u>provisio</u>	<u>ns for implementing the am</u>	change, reclassific	ation, or cancellate ontained in the ame	ion of issued shares, adment itself:	

The date of each amendment(s) adoption: date this document was signed.	July	16, 2019	, if other than the
Effective date <u>if applicable</u> :	(no more than	10, 2519 90 days after amendm	ent file date)
Note: If the date inserted in this block does a document's effective date on the Department of		licable statutory filing	requirements, this date will not be listed as the
Adoption of Amendment(s) (CF	IECK ONE)		
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		he number of votes cas	t for the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting			
"The number of votes cast for the ame	ndment(s) was/w	ere sufficient for appro	val
by	ting group)		··
(vo	ting group)		
The amendment(s) was/were adopted by the action was not required.	board of directo	rs without shareholder	action and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators wi	ithout shareholder actio	n and shareholder
Dated July 10 Signature	. 2019 M		
(By a director, pres	orporator – if in t	ficer – if directors or of the hands of a receiver, y)	
	OMES H (Typed or printe	. 12650 JR d name of person signi	g)
PRI	esident	e of person signing)	