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(Requestor's Name)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 21, 2012

MARCOS G. MARTINEZ THE MOTORCYCLE REPAIR SHOP INC 3240 NE 2 AVE STE 1 OAKLAND PARK, FL 33334

SUBJECT: THE MOTORCYCLE REPAIR SHOP, INC.

Ref. Number: P05000101134

We have received your document for THE MOTORCYCLE REPAIR SHOP, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that you have two names in (A) for the new name. Please show only one name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina Roberts
Regulatory Specialist II

Letter Number: 312A00007599

COVER LETTER

NAME OF CORPORATION: THE MOTORCYCLE REPAIR SHOP INC

DOCUMENT NUMBER: P05000 101134

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARCOS S. MARTIER

Name of Contact Person

This Motocycle Depart Wap

Firm/ Company

3240 ME ZAVE SUME I Address

OAKHAN PARK FL 333341

City/ State and Zip Code

Mart 2413 & Ball South Net.

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcos S. Martier at (954) 537-2117

TO: Amendment Section

Articles of An	orporation 13
to Articles of Inco	ernoration
of	12 FEB 20 -
1HB Motorcyclo Repair Sthop	7 INC. SECRETION 1:48
(Name of Corporation as currently filed with the Flo	
10 5000 101134	LORIDA
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
TURO RACING IN	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	" "company," or "incorporated" or the abbreviation or. A professional corporation name must contain the
B. Enter new principal office address, if applicable:	3240 NE Z NE
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Suits 1
	Oaklans Park FL 33334.
C. Enter new mailing address, if applicable:	m24.
(Mailing address MAY BE A POST OFFICE BOX)	3290 NE 2 NE
	Sute 1
	OAKland PARK, FL 33337
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	
(Florida stree	et address)
New Registered Office Address:	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
·	- -
Signature of New Registered Ag	rent. if changing

to

he date of each amendment(s) ac	doption: 02/16/2012
ffective date <u>if applicable</u> :	02/16/2012
ricetive date it applicable.	(no more than 90 days after amendment file date)
doption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.
	proved by the shareholders through voting groups. The following statement 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)
	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated <u>D2 l</u>	16/2012
(By a diselected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
appoint .	1
	MARCOS G. Muntuzz
	(Typed or printed name of person signing)
	Registered Agent. / Die
	(Title of person signing)

provide Contra