## P07000019957

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: WET SPOT RA	CING, INC.
DOCUMENT NUMBER: P07000019957	
The enclosed Articles of Amendment and fee are	submitted for filing.
	natter to the following:
RUBEN J MARTINEZ	
WET SPOT RACING, INC	Name of Contact Person
7700 WEST 24TH AVEN	Firm/ Company JE BAY NO. 9
HIALEAH, FL 33016	Address
	City/ State and Zip Code
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	ase call:
RUBEN J MARTINEZ	at ( 305 ) 812-5156
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	e payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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

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## Articles of Amendment to Articles of Incorporation of



WET SPOT RACING, INC.

2017 SEP -5 AM 9 29

	<u> </u>	
(Name of Co	rporation as currently filed with the Flor	rida Dept. of State)
P07000019957		
	(Document Number of Corporation (if known	
	Corporation (if know	wn)
Pursuant to the provisions of section 607.1006 us Articles of Incorporation:	5. Florida Statutes, this <i>Florida Profit Corpo</i>	oration adopts the following amendment(s)
A. If amending name, enter the new name of	of the corporation:	
		The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	Corp," "Inc," or "Co". A professional	"incorporated" or the abbreviation
3. Enter new principal office address, if ap Principal office address <u>MUST BE A STRE</u>		····
Enter new mailing address, if applicable		
(Mailing address MAY BE A POST OFF	<u>                                     </u>	
). If amending the registered agent and/or	registered office address in Florida, enter	the name of the
new registered agent and/or the new reg	istered office address:	the name of the
Name of New Registered Agent	11	<u> </u>
	(Florida street address)	
• .		
New Registered Office Address:		, Florida
	(City)	(Zip Code)
iew Registered Agent's Signature, if chang hereby accept the appointment as registered	ing Registered Agent:	
nereby accept the appointment as registered	agent. I am familiar with and accept the oi.	oligations of the position.
	Signature of New Registered Agent, if ch	anging

	ter 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.

<u>X</u> 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)	Title	<u>Nan</u>	 <u>ne</u> 	<u>Addres</u> s
1) Change	VP	AR	SENIO DE LEON	7700 WEST 24TH AVENUE
X Add				BAY NO. 9 HIALEAH, FL 33016
Remove				<del></del>
2) Change				
Add				
Remove				
3 ) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change			_	
Add				
Remove				<u> </u>
6) Change				
Add		_		
Remove				

. If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)
Crimon duantonal sneets, if necessary).	
· · · · · · · · · · · · · · · · · · ·	
	\ <u>\</u>
	<u> </u>
If an amendment provides for an excha	nge reclassification, or cancellation of issued shares.
provisions for implementing the amen	dment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	08/22/2017, if other than t
date this document was signed.	
Effective date <u>if applicable</u> :	'(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not document's effective date on the Department of S	t meet the applicable statutory filing requirements, this date will not be listed as the base of the state of
Adoption of Amendment(s) ( <u>CH</u>	II <u>ICK ONE</u> ) II
The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for ap	 hareholders. The number of votes cast for the amendment(s) 
☐ The amendment(s) was/were approved by the must be separately provided for each voting t	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the amend	  ment(s) was/were sufficient for approval 
by(voti	ng group)
☐ The amendment(s) was/were adopted by the b action was not required.	oard of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the in action was not required.	 ncorporators without shareholder action and shareholder 
08/22/2017 Dated	
Signature Sulfa	
(By a director, presid	lent or other officer if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court by that fiduciary)
RUBEN J M	  ARTINEZ 
<u> </u>	yped or printed name of person signing)
PRESIDEN'	
	(Title of person signing)
	II .