## PO10000 21685

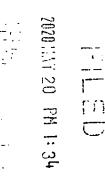
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Amend

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CC'S M	lotorcycle Tr	rining, Inc.
DOCUMENT NUMBI	(1)~~~~~	21685	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
-		Name of Contact Person Horcycle Tran	
-	129 C	lenruater F	ROAD
-	SATSUMA, 72 32189  City/ State and Zip Code		
mykechilders@comotorcycletrzining.com E-mail address: (to be used for future annual report notification)			
For further information	concerning this matter, pleas		notineation)
Mike	Childres	at (352	de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Amer Divis P.O. I	ng Address Idment Section on of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

(Name of Corporat	tion as currently filed	d with the Florida Dept. of State)
CC's Motorcycle Trai	nina . Inc.	P07000021685
(Docu	ment Number of Corp	poration (if known)
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	da Statutes, this <i>Florid</i>	da Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the c	corporation:	
NIA		The new
name must be distinguishable and contain the word "e"Inc.," or Co.," or the designation "Corp," "Inc. "chartered," "professional association," or the abbr	," or "Co". A prof	any," or "incorporated" or the abbreviation "Corp.," fessional corporation name must contain the word
B. Enter new principal office address, if applicable	le:	NIA
(Principal office address <u>MUST BE A STREET AD</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be)  D. If amending the registered agent and/or registered agent and/or the new registered Mame of New Registered Agent	ered office address in	129 Clearwater Road SATSUMA, 72 32189  n Florida, enter the name of the
		<del></del>
	(Florida street add	(dress)
New Registered Office Address:	AIN	, Florida
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.  Sign	I am familiar with an	
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s.	. 607.0120 (11) (e), F.	.S.

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.

X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change		
Add		
Remove		
2) Change		
Add	\	
Remove 3 ) Change		
Add		
Remove		
4) Change		
Add		
Remove		<u></u>
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

E. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
-	
1/1/4,	
	r-1-7-1-1
	<u> </u>
	r
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	
NP	
	·
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The date of each amendment(s) adoption:	5-16-20	, if other than the
date this document was signed.		
Effective date if applicable:	5-16-20 (no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by the action was not required.	he incorporators, or board of directors without sharche	older action and shareholder
The amendment(s) was/were adopted by the shareholders was/were sufficient for	he shareholders. The number of votes cast for the amour approval.	endment(s)
	the shareholders through voting groups. The following group entitled to vote separately on the amendmen	
"The number of votes cast for the an	nendment(s) was/were sufficient for approval	
by	oting group)	
(v	oting group)	
Dated <u>5-16-2</u> Signature	ise Stella	
selected, by an ir	esident or other officer – if directors or officers have recorporator – if in the hands of a receiver, trustee, or our by that fiduciary)	
	(Typed or printed name of person signing)	
	President	
<del></del>	(Title of person signing)	