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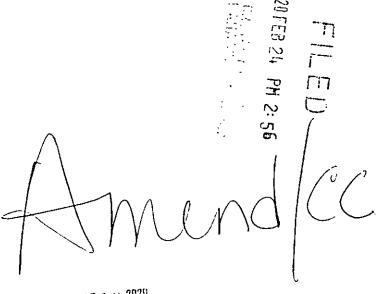
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MAR 1 8 2020 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION: Classic Ride Inc. DOCUMENT NUMBER: POS 0000 85371			
DOCUMENT NUMBER: PO8 0000 85371			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Louis Urhinati Ja			
Classic Ride Inc.			
11532 SW Mountain Ash Circle			
Port ST Lucic 71 34987 City/ State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Louis Urbinati a1,561,889-3002			
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:			
S35 Filing Fee S43.75 Filing Fee SCertificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee SCERTIFICATE OF STATUS Certified Copy (Additional Copy is enclosed)			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Amendment

to

Articles of Incorporation of

Chassic Ride	Tnc	
	filed with the Florida Dept. of State)	
P0800	000 85371	
(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the fol	llowing amendment(s) to
A. If amending name, enter the new name of the corporation:	A	The new
name must be distinguishable and contain the word "corporation," "co" "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."		eviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	$ \rho/A$	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	POZOFEB 21 PH 2:
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ess in Florida, enter the name of the	
Name of New Registered Agent	775	
Vew Registered Office Address:	P/A Florida	
	City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the post	ition.
Signature of New Reg	gistered Agent, if changing	

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	<u>PT</u> <u>John</u>	Doe		
X Remove	<u>V</u> <u>Mike</u>	Mike Jones		
X Add	<u>SV</u> <u>Sally</u>	Smith		
Type of Action (Check One) 1) Change	Title	Name Louis Urbinadi Jr	Address 11532 SW Mountain Ash (Part St Lucic, 71 34987	
Add Remove 2) Change Add	_5_	Helen Urbinati	11532 SID Mountain Ash C; Port ST Lucic, 71 34987	
Remove 3) Remove Change				
Remove 4) Change Add				
Remove 5) Change Add				
Remove 6) Change				
Add Remove				

Auach addition	adding additional Articles, e al sheets, if necessary). (Be s	specific)	ſ.	
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fan amandme	nt provides for an evaluation	raelessification or a	angellation of issued charge	
provisions for	nt provides for an exchange, implementing the amendmer	nt if not contained in	the amendment itself:	
(if not app	icable, indicate N/A)		[A	
			NIA	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed. Effective date if applicable: 2 19 6) C
(no more than	90 days after amendment file date)
Note: If the date inserted in this block does not meet the app document's effective date on the Department of State's records	licable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, caction was not required.	r board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. To by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders t must be separately provided for each voting group entitled	
"The number of votes cast for the amendment(s) was/s	vere sufficient for approval
by(voting group)	
(Noting group)	
Dated 2 19 20	——————————————————————————————————————
Signature Office proceeding or other of	Ticer - if directors or officers have not been
	the hands of a receiver, trustee, or other court
Lowis	Urbinati, Jr
^	d name of person signing)
Pres	ident

(Title of person signing)