# P10000003819

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2010 AUG -6 PM 14: 2:2 SECRETARY OF STATE TALLAHASSEE, FLORID.

80/9/10

#### COVERLETTER

TO: Amendment Section
Division' of Corporations

NAME OF COR	PORATION:	LTB AUTOSPORTS, INC.	
DOCUMENT NUMBER:		P1000003819	·
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
		ERESE BOUSTANI	
		Name of Contact Person	
		Firm/ Company	
		PO BOX 411898	
		Address	
		LBOURNE FL 32941 ity/ State and Zip Code	
	E-mail address: (to be use	d for future annual report notification)	
For further inform	ation concerning this matter,	please call:	
LOUIS BOUSTANI Name of Contact Person		at ( <u>321</u> ) S Area Code & Daytime Te	9517757 lephone Number
Enclosed is a chec	k for the following amount n	nade payable to the Florida Depar	tment of State:
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	le

Tallahassee, FL 32301

### **Articles of Incorporation**

## LTB AUTOSPORTS, INC. (Name of Corporation as currently filed with the Florida Pape of State) Let 22 P1000003819 (Document Number of Corporation (if kingare AHASSEE, FLORID):

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following

name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the destance must contain the word "chartered," "professi	ignation "Corp	o, " "Inc," or "Co	". A professional corporation
3. Enter new principal office address, if applical Principal office address <u>MUST BE A STREET A</u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	- <u>в<i>ох</i></u> ) <u>Р</u>	O BOX 411898	
	<u>M</u>	ELBOURNE F	32941
. If amending the registered agent and/or registered agent and/or the new registered  Name of New Registered Agent:			enter the name of the
Traine of their registered rigem.			
New Registered Office Address:	(Florida	street address)	-4
	(Florida (City)	street address)	, Florida (Zip Code)

## removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) **Title** Name <u>Address</u> **Type of Action** VP · · ANTOINETTE BOUSTANI 7777 N WICKHAM RD ☐ Add ☑ Remove MELBOURNE FL 32940 ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

THE MATE OF CACH MINERALIZATION	(1) auroperon, <u>vivi iv 8-5-10</u>
T-00-14 14 16 11 11 1	(date of adoption is required)
Effective date if applicable:	6/5/10 (no more than 90 days after amendment file date)
	(no more than 90 days after amenament file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	re approved by the shareholders through voting groups. The following statement d for 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	**
- V	(voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
Dated <u>8/5/1</u> 0 Signature	
(By selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)
	THERESE BOUSTANI
	(Typed or printed name of person signing)
	D .
	(Title of person signing)