## P110000 34435

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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: FULL THROTTL	E EVENTS, INC
DOCUMENT NUMBER: P11000034425	
	L. to A.C. Oli
The enclosed Articles of Amendment and fee are su	ibmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
STEVEN GELLEY	
	Name of Contact Person
BLACKSTONE PARTNERS	S, LLC
<del></del>	Firm/ Company
9000 NW 44TH STREET, 21	ND FLOOR
	Address
SUNRISE, FL 33351	
	City/ State and Zip Code
STEVEN.GELLEY@BLACKSTO	NEPARTNERSCPA.COM
	sed for future annual report notification)
·	•
For further information concerning this matter, pleas	se call:
STEVE GELLEY	at ( 954 ) 462-3011
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:
\$35 Filing Fee	Certified Copy (Additional copy is enclosed)  \$\begin{align*} \$\subseteq\$ \$\subseteq
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 Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FULL THROTTLE EVENTS, INC.

(Name o	of Corporation as curren	tly filed with the Florida	Dept. of State)	
P11000034425				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporati	ion adopts the following	ng amendment(s) to
A. If amending name, enter the new na MOTIV8 EVENTS, INC	ime of the corporation:			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional co	corporated" or the c rporation name must	bbreviation
B. Enter new principal office address, if applicable:		N/A		
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS )	***************************************		
				- in ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
D. If amending the registered agent an new registered agent and/or the new			e name of the	
Name of New Registered Agent	N/A	<del></del>		
				_
	·	treet address)	<u> </u>	_
New Registered Office Address:	N/A	(734)	, Florida	<u> </u>
		(City)	(2ір	Coaej
New Registered Office Address:	N/A	(City)		Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist			ations of the position.	
				<b>-</b>
	Signature of New	Registered Agent, if chang	ring 5	<u> </u>

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>	John Doe	
X Remove	Y	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	ROSE, PHIL	8013 NW 70TH AVENUE
Add			PARKLAND, FL 33067
X Remove			
2) Change	P	LA BUSH, WAYNE I.	10341 NW 11TH COURT
X Add			PLANTATION, FL 33322
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<b>0-1</b>
O Characa			
6) Change			
Add			
Remove			

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		en evehonge, reclass	ification, or cancell	ation of issued share	· .
f an amen	iment provides for s	ALL CACHERING OF LOCISION	contained in the a	mendment itself:	
provisions	dment provides for s	<u>he amendment if not</u>	Contained in the a		
provisions	dment provides for s for implementing the applicable, indicate	<u>he amendment if not</u> N/A)	<u>contained in the a</u>		
provisions (if not	for implementing the	<u>he amendment if not</u> N/A)	Contained in the a		
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provisions	for implementing the	he amendment if not			

The date of each amendment(s date this document was signed.	) adoption:	, if other than the
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 the document's effective date on the	is block does not meet the applicable statutory filing requirements, this compartment of State's records.	late will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	(s)
	approved by the shareholders through voting groups. The following staten for each voting group entitled to vote separately on the amendment(s):	neni
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	.,,	
, <del></del>	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sharehold	der
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
AUGUS Dated	ST 19TH 2015	
Signature		
sele	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 continted fiduciary by that fiduciary)	
	WAYNE I. LA BUSH	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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