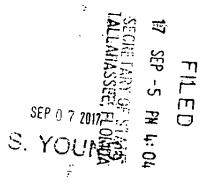
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COVER LETTER

ΓO: Amendment Section Division of Corporations

NAME OF CORPORATION: PERFORMANCE	PIT SHOP INC
DOCUMENT NUMBER: P13000022084	
The enclosed Articles of Amendment and fee are su	abmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
VICTOR M RUIZ	
PERFORMANCE PIT \$110	Name of Contact Person P INC
	Finn/ Company
1231 W BRANDON BLVD	
	Address
BRANDON, FL 33511	
	City/ State and Zip Code
MARIOABREUS@AOL.COM	
E-mail address: (to be u	ised for future annual report notification)
For turther information concerning this matter plea	ase call:
LUZ M ESCOBAR	at (863) 669-6296
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 & Certificate of Status	□S43.75 Filing Fee & □S52.50 Filing Fee Certified Copy (Additional copy is enclosed) □S52.50 Filing Fee Certified Copy (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 Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

DER FORMIANCE PIT SHOP INC

PERFORMANCE PLESHOP INC	<u>i</u> l		
(Name o	Corporation as currer	atly filed with the Florida Dept. of	State)
	i		
P13000022084			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006. Florida Statutes, th	is Florida Profit Corporation adop	ts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation Corp." "Inc." or ation," or the abbreviation	 "Co". A professional corporatio 	ed" or the abbreviation n name must contain the
B. Enter new principal office address.	if applicable:		
(Principal office address MUST BE A S	TREET ADDRESS)		
C. Enter new mailing address, if applia (Mailing address MAY BE A POST) D. If amending the registered agent ar	office BOX)	ddress in Florida, enter the name	17 SEP -5 PH SECRE ASNOTS TALKAHASSEE, FILL the
new registered agent and/or the ne	H	ess:	
Name of New Registered Agent	JESUS G RUIZ		
Name of New Registered Hear	3248 SANOMA DR		
	!		,
	Florida	street address)	
New Registered Office Address:	LAKELAND	. 1-	33811 'lorida
 -,		(City)	(Zip Code)
New Registered Agent's Signature, if o	changing Registered Ago	<u>ent:</u>	dali cara distan
I hereby accept the appointment as regis	stered deent. I am famili	ar with and accept the obligations of the control o	of the position.
		÷ • • •	

			Sa siste and name of such officer/di	rector being removed and title, name, and
address of each Officer (Attach additional sheets, Please note the officer/di. P = President: V = Vice Executive Officer; CFO held, President, Treasure Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	and/or D if necess rector titl Presiden = Chief i r, Direct I in the fo res the c	nirector being udd ary) le by the first letter i: T= Treasury: S Financial Officer. or would be PTD. llowing manner. C corporation, Sully S	ed: • of the office title: 5= Secretary: D− Director: TR+ Tru − If an officer/director holds more the Currently John Doe is listed as the PS Smith is named the V and S. These sh	rector being removed and title, name, and istee; $C = Chairman$ or $Clerk$; $CEO = Chief$ an one title, list the first letter of each office ST and $Mike$ Jones is listed as the V . There is would be noted as John Doe, PT as a Change.
Example: X 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	Name		Address
() Change	RA	VICTO	DR M RUIZ	1122 TRACEY ANN LOOP
Add				SEFFNER, FL 33584
X Remove				
2. Channa	RA	JE R US	G RUIZ	3248 SANOMA DR
2) Change X Add				LAKELAND, FL 33811
Remove 3) Change	VP	I.ŲZ M	A ESCOBAR	3248 SANOMA DR
X Add				LAKELAND, FL 33811
Remove				
41 Change		_		
Add				
5) Change				
Add				
6) Change				
Add				
Remove				

F. If amending or adding additional Articles.	enter change(s) here:
(Attach additional sheets, if necessary). (Be	r specific)
N/A	
	
1	
F. If an amendment provides for an exchange	reclassification, or cancellation of issued shares, nt if not contained in the amendment itself:
(if not applicable, indicate N/A)	nt if not contained in the amendment usen.
MR VICTOR M RUIZ IS OWNER OF 50% ISS	 HIED SHARES
MRS LUZ M ESCOBAR IS OWNER OF 50% I	SSUED SHARES.
	<u> </u>

	NE 36, 2017
The date of each amendment(s) adoption: date this document was signed.	. If other than the
JUNE 30, 2017 Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this block does n document's effective date on the Department of	meet the applicable statutory filing requirements, this date will not be listed as the State's records.
Adoption of Amendment(s) (CE	ECK ONE)
■ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a	shareholders. The number of votes east for the amendment(s) approval.
☐ The amendment(s) was/were approved by the must be separately provided for each voting	shareholders through voting groups. The tollowing statement group entitled to vote separately on the amendment(s):
"The number of votes east for the ame	diment(s) was/were sufficient for approval
by	ting groups
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder
AUGUST 31, 2017 Dated	
Signature	
(By a director, pre selected, by an inc	sident or other officer – if directors or officers have not been of porator – if in the hands of a receiver, trustee, or other court by by that fiduciary)
VICTOR !	MRUIZ
	(Typed or printed name of person signing)
PRESIDE	NT /
-1	(Title of person signing)