## P/3000022084

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PERFORM	ANCE PIT SHOP INC
DOCUMENT NUMBER: P13000022084	
The enclosed Articles of Amendment and te	are submitted for filing
Please return all correspondence concerning	his matter to the following
LUZ M ESCOBAR	
	Name of Contact Person
PERFORMANCE PI	T SHOP INC
T DIN ORDINA	Firm/ Company
1231 W BRANDON	, .
	Address
BRANDON, FL 335	1
	City/ State and Zip Code
MARIOABREUS@AOL.G	OM
E-mail address:	to be used for future annual report notification)
For further information concerning this made	er, please call
LUZ M ESCOBAR	863 669-6296
Name of Contact Person	at (S63 ) 669-6296  Area Code & Daytime Telephone Number
	The Ado Department of State:
Enclosed is a check for the following amou	nt made payable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Certificate of	Fee & DS43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee & Certificate of Status 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

PERFORMANCE PIT SHOP INC	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P13000022084	
(Document Number of C	'orporation (if known)
Pursuant to the provisions of section $607.1006$ , Florida Statutes, this $F$ its Articles of Incorporation:	forida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
<del></del> -	The new
name must be distinguishable and contain the word "corporation, "Corp.," 'Inc. " or Co.," or the designation "Corp.," 'Inc.," or "Coword "chartered," 'professional association," or the abbreviation "F	a projessional curporation mark was commented
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new maiting address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address.  Name of New Registered Agent	SECOND AM 9: 03  CAHASSEE STATE  Ess in Florida, enter the name of the
Florida str	eet address)
New Registered Office Address:	, Florida
New Ney Burten Office Finance.	(Cuv) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar is	with and accept the nonguinos of the positions
Signature of New I	Registered Agent, if changing

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, F= Treasurer; S= Secretary, D= Director, IR= Frustee, 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, Treusurer, 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

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>8V</u>	Sally Smith	
Type of Action (Check One)	<u>Tule</u>	Name	Address
1) Change	PT	VICTOR M RUIZ	1231 W BRANDON BLVD
X Add			BRANDON, FL 33511
Remove			
2) Change			
Add			
Remove			
3 1 Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) _ Change			
Add			
Remove			

mach additional sheets, if necesso	Articles, enter cha im). (Be specific)			
	<u> </u>			
			<del> </del>	
		_ <del></del>		
		:		
	<del></del>			
If an amendment provides for	in exchange, reclas	sification, or cand	ellation of issued s	hares,
provisions for implementing t	he amendment il no	ot contained in the	e amendment itsen:	
uj not applicable, indicate	NZ4)			

	JUNE 15, 2018 (s) adoption:	, if other than the
The date of each amendment date this document was signed.	(s) adoption:	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, this date with the Department of State's records	Il not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was we by the shareholders was w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
☐ The amendment(s) was we must be separately provid	tre approved by the shareholders through voting groups. The tollowing statement led for each voting group entitled to vote separately on the amendment(s).	
"The number of vote	es east for the amendment(s) was were sufficient for approval	
by	(voting group)	
·	ivoting group;	
The amendment(s) was w action was not required.	ere adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/w action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Dated		
Signature	6 II was as officers have not been	
- 5	(By sofrector, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	VICTOR M RUIZ	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	

(Title of person signing)