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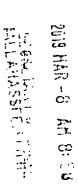
(	Requestor's Name)			
(.	Address)			
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PICK-UP	☐ WAIT	MAIL		
	Business Entity Name)	<del></del>		
(Document Number)				
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#### **COVER LETTER**

•					
COVER LETTER  TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: Rastelli Pacing Inc.  DOCUMENT NUMBER: Processors 12					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Name of Contact Person  Rastrell Racing Inc.  Firm/ Company  Story Swar Gueril Hollows St.  Address  Pain C. ty #1 34990  City/ State and Zip Code  Lastrell Abotmal Com  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Laura Rastrelli at 72 (31015)  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					

#### **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

Rastelli Rac	ing INC.
(Name of Corporation as currently filed wit	th the Florida Dept. of State)
PINDUU	050812
(Document Number of Corporat	ion (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Pi</i> its Articles of Incorporation:	rofit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "comp" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A pword "chartered," "professional association," or the abbreviation "P.A."	pany," or "incorporated" or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ion Hollow St.
Same Da	In City 71.34790
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Flonew registered agent and/or the new registered office address:	orida, enter the name of the
Name of New Registered Agent Cnly heed to	o changeladd C
to solling of the following street underess	of Rastrelli
New Registered Office Address: (City)	Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and a	ecept the obligations of the position.
	James is changing
Manadare of New 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; 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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove		over things	
2) Change		FOR MILLS	
Add		`	
Remove			
3 ) Change		- <u> </u>	
Add			<del></del>
Remove		Same	
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			<u>-</u>
Remove			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)
Tobriously spelled the name
leacing when ciffling sorry
Kastrelli
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 date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<del></del>
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	fill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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"	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 3/5/19	
Signature III / a filting	
(By a director, 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)	
Jeff Kastrell.	<del></del>
(Typed or printed name of person signing)	
President	
(Title of person signing)	· <del></del>