P18 0000 70522

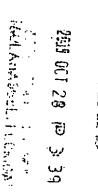
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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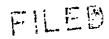
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SPEED HELMET	S SHOP INC	
DOCUMENT NUME	P18000070522		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	NIYERETH GUZMAN		
•		Name of Contact Person	1
		Firm/ Company	
	2451 NW 109TH AVE UNI	Γ8	
•	MIAMI. FL 33172	Address	
		City/ State and Zip Cod	e
	concerning this matter, pleas		
NIYERETH GUZMAN Name of Contact Person		at () 718-4013 de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 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		Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



SPEED HELMETS SHOP INC			- 24
(Name)	of Corporation as currently	filed with the Florfda Do	Moldate 3. 39
P18000070522		• •	
	(Document Number of C	Corporation (if known)	AND ILL TERRES
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, this F	lorida Profit Corporation	adopts the following amendmen
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc," or "C	o". A projessional corp	rporated" or the abbreviation
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			
 C. Enter new mailing address, if appliance (Mailing address MAY BE A POST) D. If amending the registered agent and appliance (Mailing address MAY BE A POST) 	OFFICE BOX)	ss in Florida, enter the n	turns of the
new registered agent and/or the new		ss m i fortua, enter the ti	ant of the
Name of New Registered Agent	N/A		
	(Florida stree	et address)	
New Registered Office Address:			. Florida
		City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ith and accept the obligati	ons of the position.
	Signature of New Re	gistered 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.

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	P	CARLOS OCAMPO	2451 NW 109TH AVE	
Add			UNIT 8	
X Remove			MIAMI, FL 33172	
2) Change	Р	NIYERETH GUZMAN	2451 NW 109TH AVE	
X Add		,	UNIT 8	
Remove			MIAMI, FL 33172	
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
б) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)	
		,
		<u> </u>
		
		
· 		
 		
		
		•
		-
f an amendment provides for an excl	nange, reclassification, or cancellation of issued andment if not contained in the amendment itsel	shares,
(if not applicable, indicate N/A)	numeric is the contained in the amendment lists	<u></u>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date if applicable: (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 will document's effective date on the Department of State's records.	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)	
(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.	
OCTOBER 15, 2019	
Dated	
Signature (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)	
GUILLERMO CASTILLA	
(Typed or printed name of person signing)	
ACCOUNTANT	
(Title of person signing)	