## P18000081874

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: ABR MOTORSPO	ORT INC			
DOCUMENT NUMBI			····		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
n	DAVID B WILSON				
	·	Name of Contact Perso	n		
E	BLUEWATER FINANCIAL RESOURCES OF FLORIDA INC				
_		Firm/ Company			
9	533 104TH AVE				
-		Address			
S	EMINOLE, FL 33777				
_		City/ State and Zip Cod	e		
KIAMI	A29@HOTMAIL.COM				
		sed for future annual report	notification)		
For further information	concerning this matter, pleas		393-3258		
Name of Contact Person		at ( Area Co	) 393-3258 ode & Daytime Telephone Number		
	the following amount made				
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 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

FILED

ABR MOTORSPORT INC

2018 NOV 19 PM 12: 37

	TALL Allacon
P18000081874	ation as currently filed with the Florida Dept. of State) Salar TARY OF TALLAHASSE
(Does	ument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Flori ts Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the	corporation:
	The new cord "corporation," "company," or "incorporated" or the abbreviation rp." "Inc," or "Co". A professional corporation name must contain the the abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL	
<u></u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	3 <i>0X</i> )
	tered office address in Florida, enter the name of the
new registered agent and/or the new registere	
new registered agent and/or the new registere  Name of New Registered Agent	
	(Florida street address)
	(Florida street address), Florida (City) (Zip Code)

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	PT	John Doc			
X Remove	Y	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s		
1) Change	TS	MUSTAPHA A KARIM	5533 MOSAIC DR		
X Add			HOLIDAY, FL 34690		
Remove					
2) Change			-		
Add					
Remove			<u> </u>		
3 ) Change					
Add					
Remove			<del></del>		
4) Change		_	_		
Add					
Remove					
Change		_			
Add					
Remove					
CI					
Change					
Add					
Remove					

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
<del></del>	
	<del></del>
	<del></del>
<del></del>	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
	· · · · · · · · · · · · · · · · · · ·
<del></del>	<del></del>

The date of each amendment(s)	adoption:	, if other than the
late this document was signed.	0/03/2018	
Effective date <u>if applicable</u> :	)/O3/2018	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	idopted by the shareholders. The number of votes east for the amend sufficient for approval.	lment(s)
	approved by the shareholders through voting groups. The following store each voting group entitled to vote separately on the amendment(s	
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by	N.	
/	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder.	
I the amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and sharehol	der
Dated/	1/13/18	
Signature	6/11/1	
seler	director, president or other officer if directors or officers have not sted, by an incorporator – if in the bands of a receiver, trustee, or other sinted fiduciary by that fiduciary)	t been er court
	SAMMY S RAFRAF	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	