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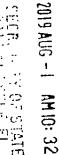
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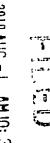


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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ABR MOTORSPO	RT INC	
DOCUMENT NUMBER: P18000081874		
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
RABIH BAWAB		
	Name of Contact Person	n
ABR MOTORSPORT INC		
	Firm/ Company	
13518 N FLORIDA AVE		
	Address	
TAMPA, FL 33613		
	City/ State and Zip Cod	e
abrmotorsportine@yahoo.com	•	V
E-mail address: (to be us	ed for future annual report	notification)
For further information concerning this matter, please		
RABIH BAWAB	at (946-7219 de & Daytime Telephone Number
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 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

	ABR	MOT	ORSE	PORT	INC
--	-----	-----	------	------	-----

(Name o	of Corporation as currently	filed with the Florida Dept. o	of State)	
P18000081874				
	(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adop	nts the following amendment	t(s) to
A. If amending name, enter the new na	nne of the corporation:			
			Thenew	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corporation	ited" or the abbreviation on name must contain the	
B. Enter new principal office address, (Principal office address MUST BE A S				
, -			201	
			9	करते जे
C. Enter new mailing address, if appli	icable:			۳:3 ۲۰ نفین دهن
(Mailing address MAY BE A POST		1-	3	
			# # = 1	1 2 9
			. S . G.	
			3	
D. If amending the registered agent an	nd/or registered office addre	ss in Florida, enter the name	of the	
new registered agent and/or the ne				
Name of New Registered Agent	RABIH BAWAB			
	13518 N FLORIDA AVE			
	(Florida stre	et address)		
N. B. C. LOW All	TAMPA	r.	33613	
New Registered Office Address:	(1	, r City)	(Zip Code)	
New Registered Agent's Signature, if o	hanging Registered Agent:			
I hereby accept the appointment as regis	tered agent. I am familiar w	ith and accept the obligations o	of the position.	
	Jan War			
(aistered 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 <math>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> <u>Jol</u>	hn Doe	
X Remove	<u>V</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	Р	SAMMY S RAFRAF	5533 MOSAIC DR
Add			HOLIDAY
X Remove			FL 34690
2) X Change	Р	RABIH BAWAB	1132 SUNSET POINT ROAD
Add			APT 503, CLEARWATER
Remove			FL 33755
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		·	
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	
, <u></u> .	
(if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
LL SHARES OF ABR MOTORSPORT	INC WILL GO TO RABIH BAWAB. ALL OUTSTANDING SHARES AS
ELL AS CURRENTLY ISSUED SHAR	ES ARE TO BE CANCELLED AND TRANSFERRED TO RABIH BAWAI
HO WILL HAVE 100% OWNERSHIP	OF THE COMPANY.
HO WILL HAVE 100% OWNERSHILL	
HO WILL HAVE 100% OWNERSHI	
HO WILL HAVE 100% OWNERSHI	
HO WILL HAVE 100% OWNERSHI	
NO WILL HAVE 100% OWNERSHI	

		P. 20 K	1019	, if other than the
The date of each amendment(s) adoption:date this document was signed.		y v		, it other than the
Effective date if applicable:	August (no more than 90 da	15 QO/ iys after amendm	9 ent file date)	
Note: If the date inserted in this block does a document's effective date on the Department of		e statutory filing	requirements, this d	ate will not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)			
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		mber of votes cas	t for the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting				ent
"The number of votes east for the ame	endment(s) was/were su	ifficient for appro	val	
by	oting group)		··	
(ve	oting group)			
☐ The amendment(s) was/were adopted by the action was not required.	e board of directors with	hout shareholder	action and sharehold	er
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators without	shareholder actic	on and shareholder	
Dated <u>67-69-19</u>	- Alh	_		
Signature				
	sident of other officer -			
	corporator – if in the ha	nds of a receiver.	trustee, or other cou	ırt
appointed fiduciai	ry by that fiduciary)			
SAMMY	S RAFRAF			
	(Typed or printed nam	ne of person signi	ng)	
PRESIDE	NT			
	(Title of p	erson signing)		