## P18000093751

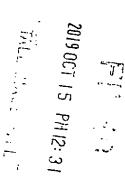
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1010 C. TOWN

## COVER LETTER

FO: Amendment Section Division of Corporations			
NAME OF CORPORATION: MOTOCSPORT MIAM, INC.			
DOCUMENT NUMBER: Y 18 60009351			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Mame of Contact Person			
Firm/ Company			
14011 DM 90 KAC			
14011 NW 20 AVC 0114 /0049 PC 33054			
City/ State and Zip Code			
E-mail address: (to be used for future annual report notification)			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
YENNY QUEZHAA at (786) 381-1161 Name of Contact Person Area Code & Davrime Telephone Number			
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:			
S35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)			
Mailing Address Street Address			
Amendment Section Amendment Section Division of Corporations Division of Corporations			
P.O. Box 6327 Clifton Building			
Tallahassee, FL 32314 2661 Executive Center Circle			

Tallahassee, FL 32301

## **Articles of Amendment**

to

## Articles of Incorporation

of	, political
MoTUGOOT	Mirmi inc
(Name of Corporation as currently	y filed with the Florida Dept. of State)
71K1/10093	751
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	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 "i	i," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	14011 hm to kno
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Ma 1000 FL 3305V
	Opri 100011 70 77
C. Enter new mailing address, if applicable:	Maria Maria
(Mailing address MAY BE A POST OFFICE BOX)	14011 NO 30 AVE
	ONA 1000A FC 33054
D. If amending the registered agent and/or registered office addr	ess in Florida, enter the name of the
new registered agent and/or the new registered office address:	2019 OC
Name of New Registered Agent	
$\mathcal{O}(1)$	₹ <del>5</del> ÷
(Florida stre	vet address)
New Registered Office Address:	
then hegistered Office radiress.	Florida No. (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	delicated a consent of the experience of the experience of
i neveny accept the appointment as registered agent. I am jamittar w	un ana accept the ortigations of the position.
Signature of New Re	egistered 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: $\underline{X}$ Change	<u>74</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)  1) Change	Title	Joes Querada	Address  19275 Sw 25 Ct  MIRMAN IN 33050
2) Change Add Remove 3 ) Change Add Remove			
4) Change Add Remove		<del> </del>	
5) Change Add Remove			
6) Change Add Remove			

	heets, if necessary).	cles, enter change(s) her (Be specific)		
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provisions for im	plementing the ame	ange, reclassification, or adment if not contained	in the amendment its	u snares, elf:
(if not applice	ble, indicate N/A)			
		16		
		- N/K-	· <u></u>	
		\ \		
			-	
				<del></del>

The date of each amendment(s) adoption:	10/10/19	if other than the
date this document was signed.		in other than the
Effective date <u>if applicable</u> ;	10/10/19	Cl. I
	(no more than 90 days after amendment)	jue date)
<b>Note:</b> If the date inserted in this block does not document's effective date on the Department of S		uirements, this date will not be listed as the
Adoption of Amendment(s) (CHI	ECK ONE)	
The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for ap		r the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting §		
"The number of votes cast for the amend	dment(s) was/were sufficient for approval	
by		
(voti.	ing group)	
☐ The amendment(s) was/were adopted by the b action was not required.	ooard of directors without shareholder action	on and shareholder
The amendment(s) was/were adopted by the in action was not required.	ncorporators without shareholder action ar	nd shareholder
Dated	10/19	
Signature(By a director, presic	dent or other officer – if directors or office	ers have not been
	rporator – if in the hands of a receiver, trus	
	Typed of printed name of person signing)	
( (1		
	Valpeciant	( V P )

(Title of person signing)