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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: FORCE PARTS R	ACING CORP			
DOCUMENT N	UMBER: P19000057292				
The enclosed Art	icles of Amendment and fee are su	abmitted for filing.			
Please return all c	orrespondence concerning this ma	tter to the following:			
	DELGADO, KATERINE				
		Name of Contact Perso	n		
	FORCE PARTS RACING CORP				
		Firm/ Company			
	12948 SW 133 RD TER				
		Address			
	MIAMI, FL 33186				
		City/ State and Zip Cod	e		
ŀ	ORCEPARTSUSA@GMAIL.CO	M			
_	_	sed for future annual report	notification)		
For further inforn	ation concerning this matter, pleas	se call: 786	3816730		
Name of Contact Person			/ de & Daytime Telephone Number		
Enclosed is a che	k for the following amount made	payable to the Florida Depa	artment of State;		
S35 Filing Fe	e □\$43.75 Filing Fee & Certificate of Status	☐\$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	Amenc Divisic Clifton 2661 E	Address Iment Section on of Corporations Building ixecutive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation of

FORCE PARTS RACING CORP (Name of Corporation as currently filed with the Florida Dept. of State) P19000057292 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation; A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A," B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: _ (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent.—I am familiar with and accept the obligations of the position.

Signature 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.

Example: 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	ALEXIS BLANCO	12948 SW 133RD TER
Add			MIAMI. FL 33186
X Remove			
2) Change	VP	ALEXIS PALACIO	881 NW 132 PL
XAdd			MIAMI, FL 33182
Remove			
3) Change			
Add			19 SEP
Remove			
4) Change			₹ T
Add			95 5 V
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)		
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f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	- , - ,	AH IO:
provisions for implementing the amendment if not contained in the amendment itself:	2.2	 N
(if not applicable, indicate N/A)		25
Sign of the state		
		<u>.</u>

08-19-2019		
The date of each amendment(s) adoption:	, if oth	er than the
-		
08-20-2019 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 w document's effective date on the Department of State's records.	ill not be li	isted 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.	19 SEP	~i }
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	27 ///:::	
08-20-2019	A 10:	1
Dated		**************************************
Signature Hotel Delle Office 1		
(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)		
DELGADO, KATERINE		
(Typed or printed name of person signing)		_
President		
(Title of person signing)		_