## P20 000071682

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## **COVER LETTER**

TO: Amendment Section

· Division of Corporations

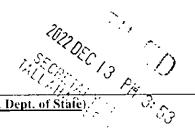
NAME OF COR	PORATION: 2RECKELESS RE	NTALS CORP				
	UMBER:					
The enclosed Arti	icles of Amendment and fee are sul	bmitted for filing.				
Please return all c	orrespondence concerning this ma	tter to the following:				
	Frank Lastra		_			
	-	Name of Contact Person				
	Firm/ Company					
	7030 nw 177 st A105					
		Address				
	Miami FL 33015					
		City/ State and Zip Code				
	lastrafrank4@gmail.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further inforr	nation concerning this matter, pleas	se call:				
Frank Lastra		at ( <u>305</u>	323-5672			
N	ame of Contact Person	Area Coo	le & Daytime Telephone Number			
Enclosed is a che	ck for the following amount made	payable to the Florida Depa	artment of State:			
S35 Filing Fo	ee S43.75 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		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

2RECKLESS RENTAS CORP

P20000071682



(Name of Corporation	<u>as currently</u>	<u>filed with t</u>	<u>he Florida                                    </u>	Dept. of S	tate).
· <del></del>					,

	Number of Corporation (if kno	
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	utes, this <i>Florida Profit Corpo</i>	oration adopts the following amendmen
A. If amending name, enter the new name of the corpor	ration:	
2RECKLESS MOTORSPORTS CORP		The new
name must be distinguishable and contain the word "corpor "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviatio	"Co". A professional corpe	porated" or the abbreviation "Corp.," oration name must contain the word
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRES</u>	<u></u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered onew registered agent and/or the new registered offic		er the name of the
Name of New Registered Agent		
	(Florida street address)	
	THE STATE OF THE S	
New Registered Office Address:	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing Register	red Agent:	
New Registered Agent's Signature, it changing Register I am I hereby accept the appointment as registered agent. I am	a familiar with and accept the o	obligations of the position.
Signature	of New Registered Agent, if c	hanging
		- <del>-</del>

Check if applicable

 $\Box$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 = ChiefExecutive 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 Doc 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: <u>X</u> Change	<u>PT</u>	John Do	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove 3 ) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
Change				
Add				
Remove				
6) Change				
Add				
Remove				
IXCHIOVE				

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n amendment nr	ovides for an eych	ange, reclassificati	on, or cancellation	of issued shares.		
ovisions for imple	ementing the amer	ndment if not conta	ained in the amen	dment itself:		
1:0 . 1: 11	e, indicate N/A)					
- (if not applicabl						
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	(s) adoption:	, if other than the
date this document was signed Effective date if applicable:	12/09/2022	
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date no Department of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/wei by the shareholders was/w	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
☐ The amendment(s) was/wei must be separately provide	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by	;"	
	(voting group)	
12/09.	2022	
Dated		<b>√</b>
Signature	I have	2
(1: Se	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	Frank Lastra	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<del></del>