P21000021018

(Re	equestor's Name)	
(Ad	ldress)	
//	ldress)	
DA)	idless)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Da	ocument Number)	
(DC	cument Number)	
Certified Copies	_ Certificates	s of Status
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D CUSHING

Articles of Amendment to Articles of Incorporation of

XPLAY BASEBALL ACADEMY ORLA	· <u> </u>	D. 11 D. (2)	_
(Name of Corporation as	currently filed with the	Florida Dept. of State)	
P21000021018	N 1 (6)	((1)	_
(Document	Number of Corporation	(if known)	
Pursuant to the provisions of section 607. Incorporation:	1006, Florida Statutes, th	is corporation adopts the following amendmen	t(s) to its Articles of
A. If amending name, enter the new na	me of the corporation:		
AUTOSPORT FINANCIAL INC			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contrartered," "professional association,"	orp," "Inc," or "Co".	"company," or "incorporated" or the abbrevial A professional corporation name must conta	tion "Corp.,"
B. Enter new principal office address, i	f annlicable:	943 W TAFT VINELAND	
(Principal office address MUST BE A ST		SUITE A	_
		ORLANDO FL 32824	_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		943 TAFT VINELAND	_
	·	SUITE A	
		ORLANDO FL 32824	_
D. If amending the registered agent annew registered agent and/or the new	registered office addre	ss:	
Name of New Registered Agent		-	
	1.11.1		
	,		
New Registered Office Address:		, Florida	
	(CII	ty) (Zip Code	,
New Registered Agent's Signature, if charters accept the appointment as registered.	registered office addre MAYELA B PAEZ CAI 943 TAFT VINELAND (Florida ORLANDO (Cia	SS: LLES SUITE A street address) , Florida , Vip Code (Zip Code The continuation of the position	
I hereby accept the appointment as registe	ered agent. I am familia	r with and accept the obligations of the position	ı.
	zy B Pxo2 nature of New Registered	Asent 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)

Example:

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	<u>PT</u>	John Doe	
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	P	MAYELA B PAEZ CALLES	943 TAFT VINELAND SUITE A
X Add			ORLANDO FL 32824
Remove 2) Change	VP	MIGUEL E GIL GUEVARA	943 TAFT VINELAND SUITE A
X Add			ORLANDO FL 32824
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Page 2 of 6 E. FLORIDA PROFIT BENEFIT CORPORATION OPTIONS, IF APPLICABLE:

	neral and/or specific public benefit(s) to be created by the corporation (in addition to its general purpose) is (optional):
N/A	
N/A	
	me(s) and address(es) of the Benefit Director(s) and/or Benefit Officer(s), if any: and Title: P MAYELA B PAEZ CALLES Name and Title: MIGUEL E GIL GUEVARA V
Addres	943 TAFT VINELAND SUITE A Address:
	NDO FL 32824
	(Include attachment if necessary)
	rporation, in accordance with the required minimum status vote, terminates its status as a Florida Profit Be
Corpor	ration in accordance with s. 607.605, F.S. The revised purpose for which the corporation is organized is as ANY LEGAL BUNINESS ON STATE OF FLORIDA

N/A	
S:	
-	
The public benefit for which the corpora	ation is organized is:
N/A	
The specific public benefit(s) to be crea	ited by the corporation (in addition to the above) is/are as follows (optional):
N/A	
•	Director(s), if any, are as follows:
•	
The additional qualifications of Benefit N/A	
•	
N/A	
N/A The name(s) and address(es) of the Ben	Director(s), if any, are as follows: nefit Director(s) and/or Benefit Officer(s), if any:
N/A The name(s) and address(es) of the Ben	Director(s), if any, are as follows: nefit Director(s) and/or Benefit Officer(s), if any:
N/A	Director(s), if any, are as follows: nefit Director(s) and/or Benefit Officer(s), if any: Name and Title:
N/A The name(s) and address(es) of the Ben Name and Title: N/A Address:	Director(s), if any, are as follows: Director(s), if any, are as follows: Director(s) and/or Benefit Officer(s), if any: Name and Title: Address:
N/A The name(s) and address(es) of the Ben Name and Title: N/A	Director(s), if any, are as follows: Director(s), if any, are as follows: Director(s) and/or Benefit Officer(s), if any: Name and Title: Address:
N/A The name(s) and address(es) of the Ben Name and Title: N/A Address:	Director(s), if any, are as follows: Director(s), if any, are as follows: Director(s) and/or Benefit Officer(s), if any: Name and Title: Address:
N/A The name(s) and address(es) of the Ben Name and Title: N/A Address:	Director(s), if any, are as follows: nefit Director(s) and/or Benefit Officer(s), if any: Name and Title: Address:
N/A The name(s) and address(es) of the Ben Name and Title: N/A Address: The corporation, in accordance with the	Director(s), if any, are as follows: Director(s) and/or Benefit Officer(s), if any: Name and Title: Address: (Include attachment if necessary) Director(s) and/or Benefit Officer(s), if any: Name and Title: Address:
The name(s) and address(es) of the Ben Name and Title: N/A Address: The corporation, in accordance with the Corporation in accordance with s. 607.5	Director(s), if any, are as follows: Director(s), if any, are as follows: Director(s) and/or Benefit Officer(s), if any: Name and Title: Address:
N/A The name(s) and address(es) of the Ben Name and Title: N/A Address: The corporation, in accordance with the	Director(s), if any, are as follows: Director(s) and/or Benefit Officer(s), if any: Name and Title: Address: (Include attachment if necessary) Director(s) and/or Benefit Officer(s), if any: Name and Title: Address:

G.	If amending or adding additional Article (Attach additional sheets, if necessary).	eles, enter change(s) here: (Re specific)
ΝA	ME CHANGED TO AUTOSPORT FINA	
	10.00	
		····
Н.	If an amendment provides for an exchan	nge, reclassification, or cancellation of issued shares,
	provisions for implementing the amend (if not applicable, indicate N/A)	ment if not contained in the amendment itself:
N/a		
	- · ·	
	·	

The date of each amendment(date this document was signed.		, if other than the
•	JUNE 902022	
Effective date it applicable.	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/we	adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	approved by the shareholders through voting groups. The following statement of 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)	
	(voting group)	
action was not required.	e adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
JUNE Dated	9 2022	
	7	
Signature	\sim	
(B)	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)	
	MIGUEL E GIL GUEVARA	
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	