## 99600053188

(Requestor's N	ame)
(Address)	
(Address)	
,	
(City/State/Zip/	(Dhono #\
(City/State/Zip/	Phone #)
PICK-UP WA	IT MAIL
(Business Enti	tv Name)
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(Document Nu	mber)
Certified Copies Certi	ficates of Status
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And

2018 NOVOI PH 1: 0
SECRETARY OF STAT

R. WHITE NOV 0 5 2018



October 23, 2018

CONNIE PETRANTONI 1540 RIVERSIDE DR TARPON SPRINGS, FL 34689

SUBJECT: MOTORSPORTS UNLIMITED, INC.

Ref. Number: P96000053188

We have received your document for MOTORSPORTS UNLIMITED, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

\*\*PLEASE ONLY CHECK ONE BOX.\*\*

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 418A00021816

## **Articles of Amendment**

## FILED

Ar	ticles, of Incorporation
<u> </u>	of 2018 NOV () 1 PM 1: 01
motorsport s	Un Im it state
	as currently filed with the Finaida Dept, of States
P96000	53188
(Documen	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corp	ocration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the obreviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDR</u>	<u>ESS</u> )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1540 RIVerside Dr
	TARpon Springs FI
	34689
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered of	fice address:
Name of New Registered Agent	
<del></del>	(Florida street address)
N. B. Carried Office Address	Planida
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Regist	tered Agent:
I hereby accept the appointment as registered agent. I a	am familiar with and accept the obligations of the position.
Signate	ure of New Registered Agent. if changing
Signate.	and the state of t

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:

 $\hat{P} = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairmon or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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.

Mike Jones, V as Remo Example:	ve, and Sally	y Smith, Ny as an Add.	
X Change	<u>PT</u>	John Doe	
X Remove	$\Sigma$	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	VP.	CONNIE PETRANTONI	1540 RIVERSIDE DR.
X Add	-		TARPON SPRINGS, FL 34689
Remove			
2) Change	Sec	Connie Petrantor	11 1540 RIVERSIDE DE
Add			TACPOR Springo FI
Remove			34699
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5/ Change	<del></del> _		
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)			
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	<del></del>			
		<u> </u>		
If an amendment provides for an exch	ange, reclassification, or ca	ncellation of issued shares,		
provisions for implementing the ame				
(if not applicable, indicate N/A)		_	- 0/	4
DAVID PE	trantoni	3,750	50% 50%	Owne
		3,750	T 19.	Δ S.
Connie Petro	anton	<u> </u>	2010	Ow M
		·		

The date of each amendment(s) adoption:	10/16/18	, if other than the
late this document was signed.		
Tective date if applicable:		
(ne	more than 90 days after amendment file date)	
Note: If the date inserted in this block does not in document's effective date on the Department of State	eet the applicable statutory filing requirements, te's records.	this date will not be listed as t
Adoption of Amendment(s) (CHECI	K ONE)	
The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appropriate the shareholders was/were sufficient for approximately the shareholders was/were sufficient for approximately the shareholders was/were adopted by the shareholders was/were sufficient for approximately the shareholders was a shareholder was a shareho	eholders. The number of votes cast for the amend oval.	ment(s)
☐ The amendment(s) was/were approved by the sha must be separately provided for each voting grow	treholders through voting groups. The following supportitled to vote separately on the amendment(s	ratement ):
"The number of votes cast for the amendme	ent(s) was/were sufficient for approval	
by 50% Connie Petro	1000 500 DAUID	fotionton,
(voting)	group)	
The amendment(s) was/were adopted by the boar action was not required.		
The amendment(s) was/were adopted by the inco- action was not required.	rporators without shareholder action and sharehol	der
121 - 110	<b>/</b> 1	
Dated	<u> </u>	
Malto	1.4	
Signature Way director presiden	t or other officer - if directors or officers have no	t been
	rator - if in the hands of a receiver, trustee, or other	
appointed fiduciary by	that fiduciary)	
DAVID PETRA	ANTONI	
(Тур	ed or printed name of person signing)	
DP		
	(Title of person signing)	