P99000032528

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MOTORSPORT.C	COM, INC.	
DOCUMENT NUMB		_	
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	KATIE SHENKO		
		Name of Contact Person	1
	MOTORSPORT NETWORK		
•		Firm/ Company	
	5972 NE 4TH AVENUE		
		Address	
	MIAMI, FL 33137		
		City/ State and Zip Code	<u> </u>
KSHE	ENKO@MOTORSPORT.CO	M	
	E-mail address: (to be us	sed for future annual report	notification)
		•	
For further information	concerning this matter, pleas	se call:	
KATIE SHENKO		954	504-0123 •
Name o	f Contact Person	at (at (504-0123 • de & Daytime Telephone Number
Enclosed is a check for	the following amount made p		
S35 Filing Fee	□\$43.75 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)
Amei Divis P.O.	ing Address Indinent Section Identification of Corporations Box 6327 hassee, Fl. 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building Accutive Center Circle assec, FL 32301

Articles of Amendment Articles of Incorporation of

FILED
2017 KOY - 7 OU

(Name of Corporation as currently filed with the Florida Dept. of State) MOTORSPORT.COM, INC. P99000032528 (Document Number of Corporation (if kno

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D	LODZ PROCES CO	er er no este o	1
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this I	Torida Profit Corporation a	dopts the following amendme
A. If amending name, enter the new na	ame of the corporation:		
N/A			The nev
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc." or "C	lo". A professional corpor	orated" or the abbreviation
B. Enter new principal office address,	if annlicable:	5972 NE 4TH AVENUE	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		MIAMI, FL 33137	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5972 NE 4TH AVENUE	
		MIAMI, FL 33137	
		-	
D. If amending the registered agent an new registered agent and/or the new			me of the
-			1.1.6
Name of New Registered Agent	•	- Network	, 200
	5972 NE 4TH AVENUE		
	(Florida stre MIAMI, FL	et adaress)	22127
New Registered Office Address:		<i>(2)</i>	_, Florida
	1	Cityi	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agent:		
Thereby accept the appointment as regist		ith and accept the obligation	is of the position
	Z	o i	
-	Cinnatura of Nana Pa	naistanud Apant it'uluuniuu	

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	D	MIKE ZOI	5972 NE 4TH AVENUE
Add			MIAMI, FL 33137
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

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

The date of each amendment(s date this document was signed.) adoption:, if other than the
Effective date <u>if applicable</u> : _	
	(no more than 90 days after amendment file date)
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
	ast for the amendment(s) was/were sufficient for approval
by	·"
	(voting group)
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	BER 12, 2017
Signature	a director, president or other officer – if directors or officers have not been
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	MIKE ZOI
	(Typed or printed name of person signing)
	DIRECTOR
	(Title of person signing)