

P99000063157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

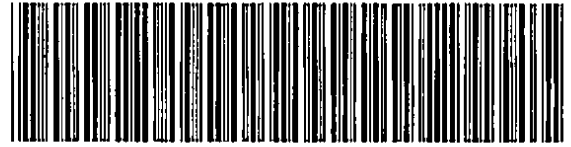
Special Instructions to Filing Officer:

Name change was
filed 08/02/22 so I
corrected the application
dec
12/8

Office Use Only

543-

Amend



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07/01/2022 09:00:00

2022 NOV 23 PM 4:54

DEC 08 2022
D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DOWNTOWN TRANSMISSIONS INC

DOCUMENT NUMBER: P9900063157

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathy Carballo
Name of Contact Person

DOWNTOWN TRANSMISSIONS INC
Firm/ Company

1543 S STATE RD 7
Address

FT LAUDERDALE FL 33317
City/ State and Zip Code

kathy@track-motors.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Sandidge at (954) 369-1241
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$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

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2022 NOV 28 PM 4:54



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2022

KATHY CARBALLO
1543 S STATE ROAD 7
FORT LAUDERDALE, FL 33317

SUBJECT: DOWNTOWN TRANSMISSIONS, INC.
Ref. Number: P99000063157

We have received your document for DOWNTOWN TRANSMISSIONS, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0802 or 617.0802, Florida Statutes, requires directors to be natural persons 18 years old or older.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 322A00022509



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2022

WILLIAM SANDIDGE ***2ND MAILING***
1590 S STATE ROAD 7
FORT LAUDERDALE, FL 33317

SUBJECT: DOWNTOWN TRANSMISSIONS, INC.
Ref. Number: P99000063157

We have received your document for DOWNTOWN TRANSMISSIONS, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

Claretha Golden
Regulatory Specialist II

Letter Number: 322A00022509

Articles of Amendment
to
Articles of Incorporation
of

DT TRANSFER HOLDING COMPANY, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P99000063157

(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:

The new 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)

1590 S STATE RD 7

FT LAUDERDALE, FL 33317

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 WILLIAM SANDIDGE

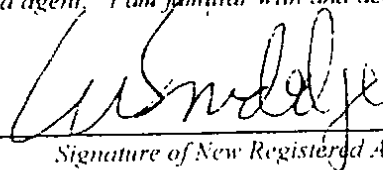
1543 S STATE RD 7

(Florida street address)
New Registered Office Address: FT LAUDERDALE, Florida 33317

(City) (Zip Code)

2022 NOV 28 PM 4:54

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

Check if applicable

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 = 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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>PD</u>	<u>ROSS KEMPES</u>	<u>2635 TAYLOR STREET</u> <u>HOLLYWOOD FL 33020</u> <u>2635 TAYLOR STREET</u> <u>HOLLYWOOD FL 33020</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>TD</u>	<u>SUSAN KEMPES</u>	<u>HOLLYWOOD FL 33020</u> _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>WILLIAM SANDIDGE</u>	<u>1590 S STATE RD 7</u> <u>FT LAUDERDALE FL 33317</u> _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

The date of each amendment(s) adoption: JUNE 29, 2022, if other than the date this document was signed.

Effective date if applicable: JUNE 29, 2022
(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 will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

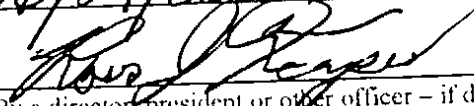
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

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)

Dated 06/29/2022

Signature 
(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)

ROSS J KEMPES
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)