538925

(Requestor's Name	e)
(Address)	
(Address)	
(City/State/Zip/Pho	one #)
PICK-UP WAIT	MAIL
(Business Entity N	ame)
(Document Numbe	-i)
Certified Copies Certificat	es of Status
Special Instructions to Filing Officer:	
uall In	

Office Use Only



800302975608

08/29/17--01001--012 **35.00

S TALLENT AUG 29 2017

Anerd

存 AUG 28 PH 中 25



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

DOKKEN MOTO	RSPORTS, INC.		
			
	<u> </u>		
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			✓ Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
0.6.141.11			Vehicle Search
		_	Driving Record
Requested by: BA	8/28/17		UCC 1 or 3 File
Name	0/20/1/ Date	Time	UCC 11 Search
Mattic	Date	THIC	UCC 11 Retrieval
Walk-In	_ Will Pick Up		Courier

Articles of Amendment to Articles of Incorporation of

Dokken Motorsports, Inc.					
(Name	of Corporation as currently	filed with the Florida Dept. of State)			
	(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	Florida Profit Corporation adopts the fol	lowing amend	dment(s	;) to
A. If amending name, enter the new na	ame of the corporation:				
			The I	new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	Co". A professional corporation name	the abbreviat must contain	tion the	
B. Enter new principal office address, (Principal office address MUST BE A S	if applicable:			-	
(Principal office address MOST DE AS	TREET ADDRESS (:	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			12 14 12 14 13 15 13 15 13 15	AUG 28	7
(maining dub ess inter basis 1 dus	<u> </u>		700 677 677 677	NH 8: 1,0	
D. If amending the registered agent an new registered agent and/or the ne	id/or registered office addre w registered office address:	ess in Florida, enter the name of the			
Name of New Registered Agent	Patricia L. Dokken				
rame of 188 Hogo,	5060 Ensign Loop,				
	(Florida stre	ei address)			
New Registered Office Address:	New Port Richey	, Florida	652		
	(City)	(Zip Code)	_	
New Registered Agent's Signature, if of I hereby accept the appointment as regis	hanging Registered Agent: lered agent. I am familiar w	ith and accept the obligations of the posi	ition.		
	Signature of New Re	egistered 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.

Example: X Change	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mik</u> e	e Jones	
X Add	<u>SV</u> <u>Saily</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	Wayne C. Dokken	5060 Ensign Loop
Add			New Port Richey, FL 34652
x Remove			
2) x Change	P, S/T,D	Patricia L. Dokken	5060 Ensign Loop
Add			New Port Richey, FL 34652
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
- <u></u> -	
f an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
· · · · · · · · · · · · · · · · · · ·	
	

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable:	
(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 document's effective date on the Department of State's records.	will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
August 24, 2017 Dated	
Signature Patricia & Dokkon	
(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)	
Patricia L. Dokken	
(Typed or printed name of person signing)	
Vice President, Director	
(Title of person signing)	