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D COMMETT

COVER LETTER

TO: Amendment Section Division of Corporations

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Division of Cor	porations		POST CONTRACTOR
NAME OF CORPO	ORATION: MTS STABLE, IN	C	
DOCUMENT NUM			
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Kathy Davey		
		Name of Contact Person	
	c/o KD Racing Inc.		
		Firm/ Company	
	9711 Hollybrook Lake Dr. #2	207	
		Address	
	Pembroke Pines, FL 33025		
		City/ State and Zip Code	
	arielbright@bellsouth.net		
	E-mail address: (to be us	sed for future annual report no	otification)
For further informat	ion concerning this matter, pleas	se call:	
Kathy Davey		954 at (& Daytime Telephone Number
Name	e of Contact Person	Area Code	& Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depart	ment of State:
☐ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ailing Address	Street Ac	
	nendment Section vision of Corporations		ent Section of Corporations
	D. Box 6327		tre of Tallahassee
	llahassee, FL 32314	2415 N.	Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

NI	TIC	C	r۸	Ð	L	INC	
1.	1.5	. 1	: /\	I S	ı . C	TINE.	

NISSIABLE, INC.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
S49887	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
KD RACING, INC.	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp"
B. Enter new principal office address, if applicable:	<i>E</i> ø
(Principal office address MUST BE A STREET ADDRESS)	2021
	340
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	S G
D. If amending the registered agent and/or registered office address: Name of New Registered Agent Name of New Registered Agent	ss in Florida, enter the name of the
(Florida stree	t address)
New Registered Office Address:	, Florida
	Tity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position. gistered Agent, if changing
50 4.0 0 10 11	

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: 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)	Title	<u>Name</u>		<u>Addres</u> s	
1) Change					
Add					
Remove					
2) Change					
Add					
Remove 3) Change					
Add					
Remove					
4) Change		_	 		
Add					
Remove					
5) Change			 		
Adđ					
Remove					
6) Change			 		
Add					
Remove					

Auach <i>auainonai sh</i>	ing additional Article eets, if necessary). (Be specific)	· ·		
					
					
		···-			
.		<u> </u>			
					
					
f an amendment nr	ovides for an exchan	as roclassitīcati	on ar cuncellation	of iccord charac	
provisions for impl	lementing the amendi	ment if not conta	nined in the ameno	Iment itself:	
(ң пөсаррисат	le, indicate N/A)				
					
,-					

The date of each amendment(s) ad date this document was signed.	option:	, 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 this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this disartment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopaction was not required.	oted by the incorporators, or board of directors without shareholder acti	ion and shareholder
■ The amendment(s) was/were adop by the shareholders was/were suf	nted by the shareholders. The number of votes cast for the amendment ficient for approval.	(s)
	oved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	ient
"The number of votes east f	or the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
1/8/21 Dated		
selected	ector, president of other officer – if threctors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other cou	rt
• •	d fiduciary by that fiduciary)	
-	Cathy Davey	
	(Typed or printed name of person signing)	
F	President/Director	

(Title of person signing)