

L05000013197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

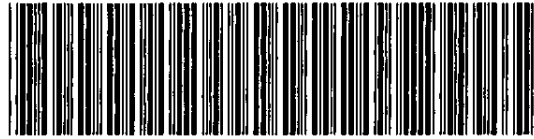
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT
FEB 29 2011
EXAMINER

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02/27/12--01036--025 **25.00

2012 FEB 27 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



February 24, 2012

Dear Sirs,

I have included a \$25 fee for a amendment for a corporate name change for a LLC.

We wish to change our corporate name from:
No. Miami Motorsports, L.L.C.

to: North Miami Motorsports, LLC

I can be reached at: 305-651-4999

Our return address is:
17777 NW 2nd Ave
Miami, FL 33169

Thank you for your attention to this modification.

Very truly yours,

A handwritten signature in black ink, appearing to read "James J. Dauria".

James J. Dauria
Managing Member /President

N. Miami Yamaha Sea-Doo
17777 N.W. 2nd Avenue (441)
North Miami, Fl. 33169
Phone: 305-651-4999
Fax: 305-651-3547

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: No. Miami Motorsports, L.L.C.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James J. Dauria
Name of Person
No. Miami Motorsports, L.L.C.
Firm/Company
17777 NW 2nd Ave
Address
Miami, FL 33169
City/State and Zip Code
jimd@yamahaseadoo.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 FEB 27 PM 2:48

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For further information concerning this matter, please call:

Jim Dauria at (305) 651-4999
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

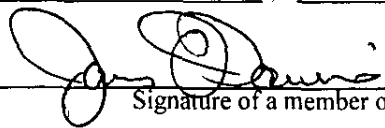
SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

NA

Dated February 10, 2012



Signature of a member or authorized representative of a member

James J. Dauria, MM

Typed or printed name of signee