

L11000045384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

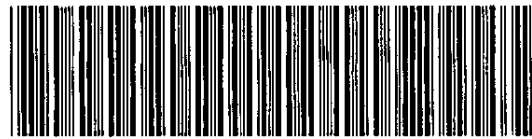
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FALL ARIAS SEC. FL ORIGIN

B. BOSTICK

AUG 30 2013

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Action Motorsports of Palm Beach LLC
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:

Robert Brown

Name of Person

Action Motorsports of Palm Beach LLC

Firm/Company

1025 N Florida Mango Rd. Suite 3

Address

West Palm Beach, FL 33409

City/State and Zip Code

bobb@pblm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Brown

Name of Person

at **954 494-0503**

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

RECEIVED
TALLAHASSEE, FLORIDA

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FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Action Motorsports of Palm Beach LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/15/2011 and assigned Florida document number L11000045384.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

1025 N Florida Mango Rd. Suite 3
West Palm Beach, FL 33409

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1025 N Florida Mango Rd. Suite 3
West Palm Beach, FL 33409

TALLAHASSEE COUNTY
2013 JUN 29 PM 3:55

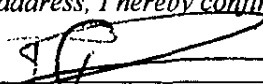
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Robert Brown

New Registered Office Address: 1025 N Florida Mango Rd. Suite 3
Enter Florida street address
West Palm Beach, Florida 33409
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



If Changing Registered Agent, Signature of New Registered Agent

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

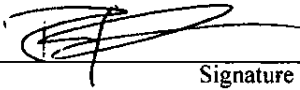
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Robert Brown	1025 N Florida Mango Rd Suite 3	<input checked="" type="checkbox"/> Add
		West Palm Beach, FL 33409	<input type="checkbox"/> Remove
MGRM	John H Newsome III	PO Box 922	<input type="checkbox"/> Add
		Pam Beach, FL 33480	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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JACKSONVILLE
 ALLIANCE
 ASSESSMENT
 FLORIDA

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

Dated August 25, 2013.



Signature of a member or authorized representative of a member

Robert Brown

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA