

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BBBMOTORSPORTS, LLC

Certificate of Status	0
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R ROSTICK

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

BBBMOTORSPORTS,	LLC			
Name of the Limits	d Liability Compa A Florida Limited I	ny as it now aggears on our records. Liability Company)		
The Articles of Organization for this Limited Liz Florida document number <u>L13000168422</u>	ability Company	were filed on 12/05/2013	and assigned	
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and end with the w	vords "Limited Liab	ility Company," the designation "LLC	or the abbreviation "L.L.C."	<del>,</del>
Enter new principal offices address, if applicable:		9695 NW 79 AVE		
(Principal office address MUST BE A STREE		UNIT: 25-26	77	<u> </u>
		HIALEAH, FL 33016	<del></del>	
Enter new mailing address, if applicable:		9695 NW 79 AVE		
(Mailing address MAY BE A POST OFFICE 1	3 <u>0X)</u>	UNIT: 25-26		
		HIALEAH, FL 33016		
			2	
B. If amending the registered agent and/or registered agent and/or the new registered of			enter the name of th	ie new
Name of New Registered Agent:				
New Registered Office Address: 9695		79 AVE UNIT: 25-26		
		Enter Florida street address		
	HIALEAH	, Flor	rida 33016	<u> </u>
		City	Zip Code	
New Registered Agent's Signature, if changing R	egistered 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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
	ADDRESS CHANGE	9695 NW 79 AVE	
		UNIT: 25-26	□ Remove
		HIALEAH, FL 33016	
			□ Remove
			Add
			Remove
			□ Remove
			27 :
			Remove
		<u>.</u> .	
·	*		Add

If amending any other information, enter change(s) here: (Attach additional)	itional sheets, if necessary.)
	•
Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State)	(optional) of be more than 90 days after
Dated JUNE 23 . 2014	y
	ve of a member

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