## 118000/60732

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## **COVER LETTER**

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culb IF C		&N Motors	ports LLC				
SUBJECT:Name of Lim				ted Liability Company			
The encl	osed A	rticles of A	mendment and fee(s) are subr	nitted for filing.			
Please re	turn al	l correspond	dence concerning this matter t	to the following:			
			Steven Ort				
			S&N Motorsports LLC	Name of Person			
			1188 Enterprise Drive	Firm/Company		Fra CCI 26	711
			Port Charlotte, FL 34286	Address		U	TITU
			sort619@gmail.com	City/State and Zip Code	· ;	7.26	
For furth	ner info	ormation cor	E-mail address: (to accerning this matter, please ca	o be used for future annual report notification)			
Steven	Ort			516 554-1267			
		Name of I	Person	Area Code Daytime Telephone Number			
Enclosed	l is a c	heck for the	following amount:				
<b>■</b> \$25.	00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  □ \$60.00 File Certifica Certified (additional	te of Sta Copy	itus &	

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S&N Motorsports LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp.  Florida document number L18000160732	pany were filed on 07/02/2018	and assigned
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 contain the words "Limited	Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	
		<u> </u>
		<u> </u>
Enter new mailing address, if applicable:		2
(Mailing address MAY BE A POST OFFICE BOX)		, , , , , , , , , , , , , , , , , , ,
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, <u>en</u> <u>here</u> :	· _
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
<del></del>	, Florida	Zin Cuda

## 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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Steven Ort	4496 Eldron Ave North Port, FL 34286	Add
			□ Remove
			Change
MBR	Nicole Brooks	43 Atlanta Ave East Williston, NY	□ Add
			Remove
			■ Change
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an effe	te date, if other than the date of the date is listed, the date must be specif if the date inserted in this block does	fic and cannot be prior to da	te of filing or more than 90 days	optional) s after filing.) Pursuant to s, this date will not be l	605.0207
	nt's effective date on the Departmen		saturory ming requirement	, and date with the oc	ioted as
reco	ord specifies a delayed effecti	ive date thut not an	effective time, at 12:	01 a.m. on the ea	rlier of
	90th day after the record is fi		anderne amo, at 12.	01 011111 011 010 00	
, ,	October, 25	2018			
ated _		<del>/_ · ·</del>			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00