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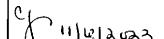




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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

CHDIECT.	One Oak S	peedway. LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	indence concerning this matter	to the following:	
		Sue Sucevic		
			Name of Person	
		Hupp Holdings, LLC		
			Firm/Company	····
		907 S. Ft. Harrison Ave. S	te. 102	
			Address	<del></del>
		Clearwater, FL 33756		
			City/State and Zip Code	
		ssucevic@oneoakdev.com		
		E-mail address: (	to be used for future annual report notif	fication)
For further in	iformation c	oncerning this matter, please co	all:	
Sue Sucevic			727 210-1900	
	Name o	f Person	at ()	e Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	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)
	iling Addres		Street Address:	otion
-	gistration S vision of C		Registration Section Division of Corporations	
Division of Corporations P.O. Box 6327		-	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

2023 OCT 31 Pil 6: 06

One Oak Speedway, 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 Compan Florida document number <u>L23000381885</u> .	y were filed on <u>08/14/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility 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 ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the i	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	•
<del></del>	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>	

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>	Address	Type of Action
AMBR CJM I	CJM Holdings Deland-Garfield, LLC	414 Jennie Jewel Drive	□Add
		Orlando, FL 32806	■Remove
			□Change
AMBR CJM Holdings Delan	CIM Holdings Deland-Alabama LLC	414 Jennie Jewel Drive	<b>=</b> Add
		Orlando, FL 32806	□Remove
		<del></del>	☐ Change
		<del> </del>	
			□Remove
			□Change
			□Add
	·	□Remove	
			Change
	····	□Add	
			□Remove
			□Change
		□Add	
			Remove
			□Change

· II allic	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe <u>Note:</u>	tive date, if other than the date of filing:
the record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	October 25 . 2023
	Signature of a memberior author cell representative of a member
	Andrew J. Hupp

Filing Fee: \$25.00