

NOV 20 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE 93OCTANE 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:

LaShawn Thomas

Name of Person
Miami Entertainment Law Group

Firm/Company
16430 NW 59th Avenue, Suite 201

Address
Miami Lakes, Florida 33014

City/State and Zip Code
lthomas@miamiEntertainmentLawGroup.com

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

For further information concerning this matter, please call:

LaShawn Thomas 305 417-6450
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
2016 NOV -5 PM 2:34
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

THE 93OCTANE 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 10/01/2018 and assigned
Florida document number 118000232065.

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 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 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:

LaShawn Thomas, Esq.

New Registered Office Address:

16430 NW 59th Avenue, Suite 201

Enter Florida street address

Miami Lakes

Florida

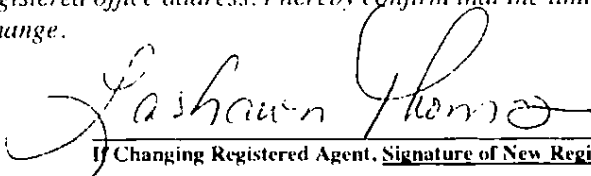
33014

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 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>	<u>Type of Action</u>
AMBR	53RD WEST MANAGEMENT INC.	221 WEST 26TH STREET NEW YORK, NEW YORK, 10001	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	SCOTT, HARLEY D <i>Harley Scott</i>	771 NE 141ST STREET NORTH MIAMI, FL 33161	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	FINNIE, TRAVIS B <i>[Signature]</i>	9025 NE 4TH AVE MIAMI SHORES, FL 33138	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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 2018 NOV 5 PM 2:34
 SECRETARY OF STATE
 TREASURY
 FLORIDA

2018 NOV -5 PM 2:34
SECRETARY OF STATE
TREASURY DEPARTMENT
WASHINGTON, DC 20505

2018 NOV -5 PM 2:34
DEPT. OF STATE
WASHINGTON, DC 20520

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated October 30, 2018

Travis Finnie

Filing Fee: \$25.00