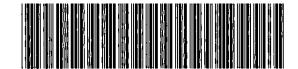
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D. BRUCE

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EXAMINER

## **COVER LETTER**

TO:	Registration Sect Division of Corpo	ion prations		*	·	
SUBJE	ест: <u>FT.</u> w	(Name of Limi	PSPORTS LLC ted Liability Company)			٠
The en	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please	return all correspond	dence concerning this matter	to the following:			
		TERESA 1-	(Name of Person)			
		PENSACOLA I	MOTOPSPORTS LLC (Firm/Company)			
		618 NEW 4	DARRINGTON RD (Address)		08 APR SECHENTALLARIA	and a
		PENSACOLP	FL 32506 (City/State and Zip Code)		14 PH 2: 25	STATES AND
For fur	ther information cor	ncerning this matter, please ca	all:		2: 25 FATE ORIDA	
	TERESA L	Person)	at ( <u>850) 45 to tole 5</u> (Area Code & Daytime 1		r)	
Enclose	ed is a check for the	_				
\$25	6.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	sed)

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

The Articles of Organization for this Limited Liability Company were filed on DECEMBER 22,2000 and assigned Florida document number LCCCCOLUCY.

This amendment is submitted to amend the following:

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

FT. WALTON MOTORSPORTS L.L.C.

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

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:

New Registered Office Address:

## 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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

(Enter Florida street address)

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
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D. If amen	ding any other information, enter change(s	here: (Attach additional sheets, if necessary)	. (1000000000000000000000000000000000000	
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. <del>-</del>		RIDA	25	
Dated A	PRIL 10 th 2008			
	•	authorized representative of a member		
	JAMES ENAID Typed or	5 MANAGING MEMBER printed name of signee		

Page 2 of 2

Filing Fee: \$25.00