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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JUL 24 2009

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BIZWARE, 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:

Jack Smith

Name of Person

Bizware, LLC

Firm/Company

PO Box 683

Address

Ponte Vedra Beach, FL 32004-0683

City/State and Zip Code

djacksonsmith@gmail.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Jack Smith

at ( 904 )

687-9903

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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)

### 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**

**BIZWARE, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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TALLAHASSEE, FL  
SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on 01 JUN 18 PM 1:52 and assigned  
Florida document number L01000009981.

This amendment is submitted to amend the following:

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

Grand Prix Orlando LLC

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

**Enter new principal offices address, if applicable:**

5855 American Way

**(Principal office address MUST BE A STREET ADDRESS)**

Orlando, FL 32819

**Enter new mailing address, if applicable:**

PO Box 110618

**(Mailing address MAY BE A POST OFFICE BOX)**

Lakewood Ranch, FL 34211

**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:**

Real Racing Fun LLC

**New Registered Office Address:**

5855 American Way

*Enter Florida street address*

Orlando

*City*

, Florida

32819

*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 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.*

  
**If Changing Registered Agent, Signature of New Registered Agent**

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

MGR = Manager  
MGRM = Managing Member

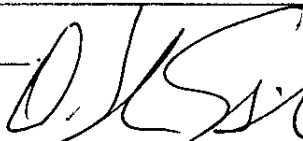
| <u>Title</u> | <u>Name</u>         | <u>Address</u>                            | <u>Type of Action</u>  |
|--------------|---------------------|---|--|
| MGRM         | Jack Smith          | 3029 S A1A<br>Ponte Vedra Beach, FL 32082 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | Real Racing Fun LLC | PO Box 110618<br>Lakewood Ranch, FL 34211 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                     |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                     |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                     |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                     |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated July 16th, 2009



Signature of a member or authorized representative of a member

D. Jackson Smith

Typed or printed name of signee