(Requestor's Name)			
(Address)			
(Address)			
(0) 10 17 (0) 17 (0			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
<del>-</del>			
(Business Entity Name)			
, ,			
(Document Number)			
Certified Copies Certificates of Status			

Special Instructions to Filing Officer:

L. SELLERS

FEB - 8 2011

**EXAMINER** 

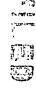
Office Use Only



800192985978

02/04/11--01012--016 \*\*30.00





## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT:	Tharlotte Motor Sports LLC Name of Limited Liability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all corresponder	nce concerning this matter to the following:			
-	Wolodymyra B. Gesford Nome of Person			
-	Charlotte Motor Sports LLC Firm/Company			
	1732 Steadley Ave			
-	Punta Gorda, H 33950 City/State and Zip Code			
	E-mail address: (to be used for future annual report notification)			
For further information conce	rning this matter, please call:			
Wolodymyra Name of Per	B Gestord at (941) 639 2155  Area Code & Daytime Telephone Number			
Enclosed is a check for the fo	llowing amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  (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

Charlotte P	Motorsports L.L.C Ompany as it now appears on our records. ited Liability Company)	
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records. ited Liability Company)	)
The Articles of Organization for this Limited Liability Com Florida document number <u>・ ん 0500032837</u>	pany were filed on Opril 04,	2005nd assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and end with the words 'L.L.C."	"Limited Liability Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u></u>	<del></del>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere		er the hance of the new
egistered agent and/or the new registered office address	s here:	<del></del>
Name of New Registered Agent:	William B. Shen	k
New Registered Office Address:	1320 Shoreview  Enter Florida street	Dr. address
	Englewood Florida	- 1
	City	Zip Code
The District of Associate Classical College College College District Association		

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 **Title** Name Address Type of Action MGRM MGRM ☐ Add Remove William Van Meter MGRH Remove Shawn Avra MGRM William Shen MGRH Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee