L. 06000029892

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN NOV 0 9 2017

COVER LETTER

то:	Registration Se Division of Cor	ction porations		
CHO ICA	ENERFUN	D, LLC		
SUBJECT: Name of Limited Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	indence concerning this matter	to the following:	
		KATIE SHENKO		
			Name of Person	
		MOTORSPORT NETWO	RK	
			Firm/Company	
		5972 NE 4TH AVENUE		
		* 1112	Address	
		MIAMI, FL 33137		
		KSHENKO@MOTORSPC	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For furth	her information c	oncerning this matter, please co	all:	
KATIE	SHENKO		954 504-0123	
	Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed	d is a check for th	ne 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)
	Registr	ING ADDRESS: ation Section on of Corporations	STREET/COURI Registration Section Division of Corpora	n

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENERFUND, LLC			
(Name of the Limite	d Liability Compa A Florida Limited L	ny as it now : iability Com	appears on our records.) apany)
The Articles of Organization for this Limited Lia Florida document number <u>L06000029892</u>	ability Company	were filed (on 03/21/2006 and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liabi	lity compa	any here:
The new name must be distinguishable and contain the we	ords "Limited Liabil	ity Company,	"," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		5972 NE 4TH AVENUE	
(Principal office address MUST BE A STREET		MIAMI. FL 33137	
		<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5972 NE 4TH AVENUE	
		MIAMI, FL 33137	
B. If amending the registered agent and/or registered agent and/or the new registered off Name of New Registered Agent:	fice address here	:	Network, LLC
New Registered Office Address:	5972 NE 4TH A	I AVENUE	,
New Registered Office Address.		Ent	nter Florida street address
	MIAMI		, Florida 33137
		City	Zip Code
provisions of all statutes relative to the prope	d agent and agreer and complete etered agent as p egistered office change.	performan provided fo address. I	To in Chapter 605, F.S. Or, if this document is thereby confirm that the limited liability
	Page 1		ered 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
MGR	MIKE ZOI	5972 NE 4TH AVENUE	
		MIAMI, FL 33137	□ Remove
			_■ Change
			Add
			Remove
			Change
			
			☐ Remove
			Change
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			Change
			Remove
			Mange No. And File Scan
			FILED PRIZE See
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Mar of the Section 1		
		
E. Effective date, if other than the date (If an effective date is listed, the date must be savete: If the date inserted in this block of the content of the	e of filing:(o specific and cannot be prior to date of filing or more than 90 days a does not meet the applicable statutory filing requirements,	ptional) after filing.) Pursuant to 605.0207 (3)(b) this date will not be listed as the
document's effective date on the Depart		
If the record specifies a delayed eff (b) The 90th day after the record	fective date, but not an effective time, at 12:0 is filed.	1 a.m. on the earlier of:
Dated OCTOBER 12	, 2017	
Sion	Katis Shenko nature of a member or authorized representative of a member	
KATIE SHENKO	and the member of authorized representative of a member	NOV.
<u> </u>	Typed or printed name of signee	FILED
	Page 3 of 3	ED PM I2: 55 Of State E, Florid/
	Filing Fee: \$25.00	Para i ri