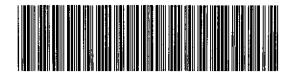
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SECRETARY OF STATE

更明 = 9 2015

T. HAMPTON

COVER LETTER

	gistration Sec vision of Corp					
SUBJECT:	No Limit RC	C, Limited Liability Company				
		Name of Limi	ted Liability Company	-		
The enclosed	d Articles of A	mendment and fee(s) are subr	mitted for filing.			
Please returr	n all correspor	dence concerning this matter t	to the following:			
		Solomon E. Heard				
			Name of Person			
		No Limit RC				
	Firm/Company					
		2400 Locke Ave				
	Address					
		Orlando, FL. 32818				
			City/State and Zip Code			
		Teamheard@bellsouth.net E-mail address: (t	o be used for future annual report notifi	cation)		
For further is	nformation co	ncerning this matter, please ca	·	,		
Solomon He	eard	•	407 538-7070 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a	a check for the	following amount:				
\$25.00 H	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

No Limit RC, Limited Liability Compai	-	
(Name of the Limited L	lability Company as it now appears on our record lorida Limited Liability Company)	<u>is.</u>)
(A F) The Articles of Organization for this Limited Liabil		SECRET AND ASSIGNED
	ity company were filed on	PAR S
Florida document number L07000076141	·	
This amendment is submitted to amend the following	ng:	RY OF STATES
A. If amending name, enter the new name of the	e limited liability company here:	L STI
Unlimited RC Motorsports, LLC		AH II: 24 OF STATE E. FLORID
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:		
<u>(Mailing address MAY BE A POST OFFICE BO)</u>	<u> </u>	
		
B. If amending the registered agent and/or registered agent and/or the new registered office	•	s, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	SS
	FI	orida
_	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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
		 	□ Add
			□ Remove
			☐ Change
			Add
			ZS 5 ERemove
			Changer
			SECRETARY OF STATE Remove Remove
			□ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			□ Change

D. If amen	ding any other information, enter change(s) here: (Attach a	dditional sheets, if necess	sary.)
	. '		
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<u></u>	· · · · · · · · · · · · · · · · · · ·		

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(If an effection Note: If	e date, if other than the date of filing: ive date is listed, the date must be specific and cannot be prior to date of filing the date inserted in this block does not meet the applicable statutory t's effective date on the Department of State's records.	(option or more than 90 days after fil filing requirements, this d	ing.) Pursuant to 605.0207 (3)(
	rd specifies a delayed effective date, but not an effect Oth day after the record is filed.	ve time, at 12:01 a.r	n. on the earlier of:
Dated	06-04-,2015		15 JUN SECREI
	Signature of a member or authorized represen	tative of a member	AARY 8
	Solomon E. Heard Typed or printed name of sign	nee	
	13 ped of printed name of sign		골속 ·>

Page 3 of 3

Filing Fee: \$25.00