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2009 MAY -8 AM II: U/ SECRETARY OF STATE AND AHASSEE, FLORIDA

T. CLINE

EXAMINER

MAY 11 2009

COVER LETTER

Division of Corp				
SUBJECT: PR Rac	ing Miami LLC		÷	
	(Name of Limited Liability Company)			
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.			
Please return all correspon	ndence concerning this matter to the following:			
	Maria G Pozo			
	(Name of Person)			
	PR Racing Miami LLC			
	(Firm/Company)			
	8879 SW 131 St			
	(Address)			
	Miami, FL 33176			
	(City/State and Zip Code)	IS IS	200	
		L CR	2009 MAY	*.52
For further information co	oncerning this matter, please call:	RETARY OF STAT	1 -	
Maria G Pozo	at (_305) 278-8668	338 0 78	ထ	; ;
(Name o	f Person) (Area Code & Daytime Telephone Number)	- F. C.	A A	iner E
		윤조		-164

□\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□\$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

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

STREET/COURIER ADDRESS:

□\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PR Racing Miami LLC		
(Name of the Limited Liability C (A Florida Lin	company as it now appears on our reconnited Liability Company)	ds.)
The Articles of Organization for this Limited Liability Con	npany were filed on 12/14/2007	■ and assigned
Florida document number <u>I 07000124350</u>	. ⊕	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
US Road Sports and Entertainment of Florida LLC		201 TAS
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the design	ation "L C" or the abbreviation
Enter new principal offices address, if applicable:		SAR -8
(Principal office address MUST BE A STREET ADDRE	SS)	mo z
	*****	FIS =
	•	器 9
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office addresses.		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida st	reet address)
	, Flor	
	(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 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)

Is 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 = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			A Remove
			ASS Add ASS III
			Add Remove
D. If amer	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
			
Dated	April 22 1, 2000	Managing Member	<u>-</u>
	_ • • •	or authorized representative of a member	
	○ , =, •, 0	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00