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COVER LETTER

Division of Cor	-		
Adventure (
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Brian Freedman		
		Name of Person	
		Firm/Company	
	13762 W SR-84 #614		
		Address	
	Ft Lauderdale FL 33325		
	awsbrian@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	nll:	
Brian Freedman		305 796 3969	
Name of	f Person	at () Area Code Daytime	Telephone Number
Enclosed 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)
		0	

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Adventure Center LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.)			
he Articles of Organization for this Limited Liability Company			and as	ssigned
lorida document number			-	Ŭ.
orida document number				
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liab	ility company here:			
American MotorSports LLC				
he new name must be distinguishable and contain the words "Limited Liabil	lity Company." the designation "LLC" or	the abbre	viation "	L.L.C."
nter new principal offices address, if applicable:				
· · ·				
Principal office address MUST BE A STREET ADDRESS)			702	
			023 MAR	
		7-7-7-1 7-7-5	AR	
nter new mailing address, if applicable:		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	20	
Mailing address MAY BE A POST OFFICE BOX)	·	SS 0 7	Ą	П
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If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter the</u>	name o	t the no	ew regis
gent and/of the new registered office address here.				
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	Enter Florida street address			
	, Florid		Zio Code	
	CHV		THE CITE	4

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
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			□Change
			□Add
			□Remove
			□Change
	 		□Add
			□Remove

<i>.</i>	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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_	FILING DATE
(If an eft <u>Note:</u>	ive date, if other than the date of filing:
f the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	3 / 15
	Signature of a member or authorized representative of a member
	BRIAN FREEDMAN
	Typed or printed name of signee

EUL E CARA