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SECRETARY OF STATE

FALLAMASSEE FISHER

D. BRUCE

APR 14 2009

EXAMINER

COVER LETTER

TO; Registration S Division of Co					
SUBJECT:	Delirium Mane of Lim	otors ports			
	(Name of Lim	nted Liability Company)	•		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Bo	(Name of Person)	 		
	Delivion	(Firm/Company)	uc		
	2828 mid	rigan Ave Ste 104 (Address)			
	Fissimm	(City/State and Zip Code)		O9 APR	7
For further information of	concerning this matter, please c	all:		ARY OF	E ST
Boils Roj (Name	マラ of Person)	at (<u>721) 286 - 66</u> (Area Code & Daytime T	elephone Number)	79167 11.18	U
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Certified Conditional of	of Status &	ed)

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

(Name of the Limited L (A F	m Mo- lability Compan lorida Limited Li	v as it now apper	LLC ars on our record	<u>s.</u>)	
The Articles of Organization for this Limited Lial Florida document number 48000097	pility Company	were filed on	04/25/08	and	assigned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabi	lity company he	ere:		
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Comp	oany," the designate	tion "LIZ" or th	e abbreviation
Enter new principal offices address, if applicable:		2828 M	MICHIGAN	AVE	ड्रे ग
(Principal office address MUST BE A STREET ADDRESS)		SUITE		SSE	<u>.</u>
Enter new mailing address, if applicable:		Þ	nichigan	5% :	
(Mailing address MAY BE A POST OFFICE BOX)		SUITE 114			
		<u> Kissim</u>	MEE, FI	- 34741	<i>+</i>
B. If amending the registered agent and/or registered agent and/or the new registered office			our records, <u>e</u>	nter the name	of the new
Name of New Registered Agent:	FERN	M COMA	ARTINE	Z	
New Registered Office Address:	2828 1	MICHIGA	N AVE	SUITE	114
		(I	Enter Florida stre	eet address)	
	Missin	OMEE	, Floric		44
Nam Danishanad Amanda Ciamatana itahan atau Da		(CIIY)		(Zip C	oae)

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 **Type of Action Address** Title Name MGR RORIS FERNANDO MARTINEZ MGRM 3900 Southpointe dr #105 **☆** Add Remove □ Add Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ELIRIUM MOTORSPORTS 2009. Dated Signature of amember or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00