

LOG000026217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

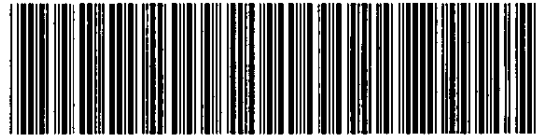
(Business Entity Name)

(Document Number)

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**FILED**  
09 JUL 23 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**S. HAWKES**

JUL 24 2009

**EXAMINER**

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: REAL RACING FUN LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jack Smith  
Name of Person

Real Racing Fun LLC  
Firm/Company

PO Box 683  
Address

Ponte Vedra Beach, FL 32004-0683  
City/State and Zip Code

djacksonsmith@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jack Smith at ( 904 ) 687-9903  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

**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

REAL RACING FUN, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08 MAR 19 AM 8:00 and assigned

Florida document number L08000028217

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 5855 American Way  
(Principal office address MUST BE A STREET ADDRESS) Orlando, FL 32819

Enter new mailing address, if applicable: PO Box 110618  
(Mailing address MAY BE A POST OFFICE BOX) Lakewood Ranch, FL 34211

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: BARRY D SMITH

New Registered Office Address: 5855 American Way  
Enter Florida street address

Orlando, Florida 32819  
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.

X Barry D Smith  
If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

**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


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Barry D Smith	15020 Bowfin Terrace Lakewood Ranch, FL 34202	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Barry D Smith	PO Box 110618 Lakewood Ranch, FL 34211	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 09 JUL 23 PM 4:00  
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 TALLAHASSEE, FLORIDA

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated July 16th, 2009

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 \_\_\_\_\_  
 Barry D Smith  
 \_\_\_\_\_  
 Typed or printed name of signee