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SECRETARY OF STATE
MALLAHASSEE, FI MAIN.

D. BRUCE

JUL 24 2009

EXAMINER

COVER LETTER

10:	Division of Co					
SUBJE	ECT:	GP OF	RLANDO, LLC			
00202		· · · · · · · · · · · · · · · · · · ·	ited Liability Company		_	
The end	closed Articles o	f Amendment and fee(s) are sul	bmitted for filing.			
Please 1	return all corresp	ondence concerning this matter	r to the following:			
			Jack Smith			
			Name of Person			
			GP Orlando, LLC			
		Firm/Company				

•			Address			
			Orlando, FL 32819		_ = =	
			City/State and Zip Code	•	_ VEC	
		djac E-mail address: (cksonsmith@gmail.co	m ort notification)		1
For furt	ther information	concerning this matter, please of	call:		09 JUL 23 PM 2: 55 SECRETARY OF STATE FALLAHASSEE, FLORIDA	_ _
		Jack Smith	at (_904_)	687-9903	F102	
	Name	of Person	Area Code &	Daytime Telephone Num	nber STE SS	
Enclose	ed 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 cr	Certif nclosed) Certif	Filing Fee, ficate of Status & fied Copy tional copy is enclosed)	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration Division of Clifton Buil	Corporations Iding tive Center Circle	i:		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	GP ORLAI				
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now appears on Liability Company)	our records.)	-	
The Articles of Organization for this Limited Li	ability Company	were filed on <u>08 M</u>	AR 24 AM 8:0	0 and assigned	
Florida document numberL08000029					
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liab	oility company here:			
	Grand Prix R	acing LLC			
The new name must be distinguishable and end wit "L.L.C."	h the words "Lim	ited Liability Company,"	the designation "I	LC" or the abbrevia	ation
Enter new principal offices address, if applic	able:	5855 American \	Vay	SE SE	
(Principal office address MUST BE A STREE	T ADDRESS)	Orlando, FL 328	19		_
Enter new mailing address, if applicable:		PO Box 110618		23 PH	<u>=</u> 7
•		Lakewood Rance	h El 3/211	ES N C	于
(Mailing address MAY BE A POST OFFICE BOX)		Lakewood Hallo	II, I L 342 I I		_
B. If amending the registered agent and/or registered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	records, <u>enter 1</u>	he name of the	<u>new</u>
Name of New Registered Agent.		-			_
New Registered Office Address:	New Registered Office Address: 5855 American Way Enter Florida street address				
			ioriaa sireei aaa	ress	
	• • • • • • • • • • • • • • • • • • • •	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Real Racing Fun LI	_C15020 Bowfin Terrace Lakewood Ranch, FL 342	Add PO2 Remove
<u>MGRM</u>	Real Racing Fun LI	C PO Box 110618 Lakewood Ranch, FL 342	Z Add P11 □ Remove
			Add Remove
			Add Remove
	,		AddRemove
			Add Remove
D. If amend	ing any other information	, enter change(s) here: (Attach additional sheet.	\tau
			09 JUL 23 SECKETARY
			デジャン: 55 10 10 10 10 10 10 10 10 10 10 10 10 10
Dated	July 16th		> . •
	Xe	B-0521	
	Signatu	re of a member or authorized representative of a mem	nber
		Barry D. Smith Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00