

L08000059455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

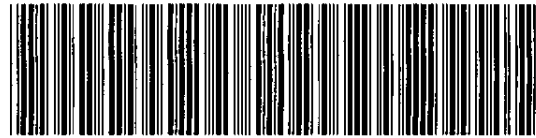
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN
FEB 20 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EPIC RACERS GROUP
(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:

KEVIN KANN
(Name of Person)

P1 AUTOSPORTS
(Firm/Company)

500 SW 21ST TERRACE B-105
(Address)

FORT LAUDERDALE FLORIDA 33312
(City/State and Zip Code)

For further information concerning this matter, please call:

KEVIN KANN at (847) 975-0436
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EPIC RACERS GROUP

(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 JUNE 16TH 2008 and assigned Florida document number LO8000059455.

This amendment is submitted to amend the following:

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

P1 AUTOSPORTS LLC.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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:

KEVIN KANW

New Registered Office Address:

500 SW 21ST TERRACE 8-105

(Enter Florida street address)

PORT LAUDERDALE

(City)

Florida

33312

(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)

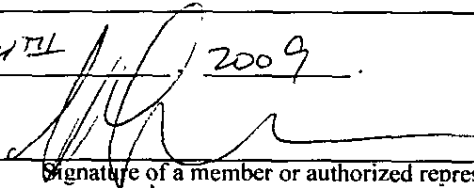
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	MICHAEL BARLOW	8930 CLAYVALE RD. AGUA DULCE, CA. 91790	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	FREDERICK PENZ	2395 Highway 330 BOSTON GA. 30622	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	KEVIN KANN	500 SW 21 ST TERRACE B-105 FT LAUDERDALE FL 33312	<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

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

Dated JANUARY 4TH 2009



Signature of a member or authorized representative of a member

KEVIN KANN

Typed or printed name of signee

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TALLAHASSEE, FLORIDA