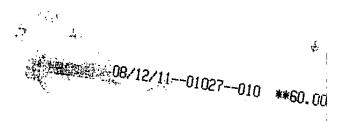
L09000001281

(Reque	estor's Name)			
(Addre	ss)			
(Addre	ss)			
(City/S	tate/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

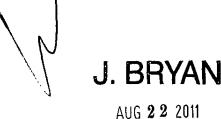
Office Use Only



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SEGRETARY OF STATE



EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Outlaw Radial Tire Championship, 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:
Amanda Long Name of Person Name of Person
Firm/Company
P.O. Box 286
Crystal Springs, FL 3 35 24
Forddna@ Qol. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Amanda Long at (813) 927-2843 Name of Person at (813) 927-2843 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$ Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 15, 2011

AMANDA LONG PO BOX 286 CRYSTAL SPRINGS, FL 33524

SUBJECT: OUTLAW RADIAL TIRE CHAMPIONSHIP, LLC

Ref. Number: L09000001281



We have received your document for OUTLAW RADIAL TIRE CHAMPIONSHIP, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

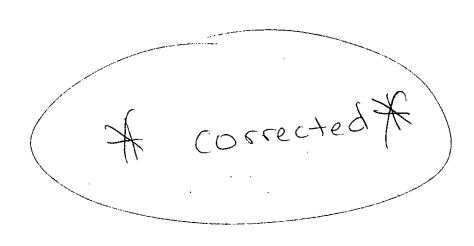
Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 411A00019065



www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Outlaw Rad	ial Tire Championship	
(Name of the Limited Liability Compar (A Florida Limited L	iv as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on January 6, 2009 and assigned	
Florida document number <u>L0900001281</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Duck X Producti	ions, LLC	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	The state of the s	
	PART OF THE PART O	
-	Sing of IT	
Enter new mailing address, if applicable:	The state of	
(Mailing address MAY BE A POST OFFICE BOX)	F.S. 33.	
	200	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		
Name of New Registered Agent:		
New Registered Office Address:		
Enter Florida street address		
	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby account the appointment as registered ment and agree	se to act in this canacity. I further agree to camply with	

If Changing Registered Agent, Signature of New Registered Agent

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, Lhereby confirm that the limited liability

company has been notified in writing of this change.

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:

April 🔌

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<u>e</u>	Name	<u>Address</u>	Type of Action
			Add Remove
_			AddRemove
f amei	ading any other information	s, enter change(s) here: (Attach additional shee	ets, if necessary.)
_			11 AUG I
-			SEE P
_	8-18-11	·	PM 3: 18 OF STATE E) FLORID.
ed	MA	President re of a member or authorized representative of a me	/ 3>

Page 2 of 2

Filing Fee: \$25.00