

L09000011564

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 03 2015  
D. PRINCE

**Kimball K. Ross, Esq.**  
Attorney At Law  
1 Oceans West Blvd. #8B3  
Daytona Beach Shores, Fl. 32118  
Tel. 386- 566-1902 Fax 386-304-7293

August 26, 2015

State of Florida  
Registration Section  
Divisions of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Manager Change for Roberson Motorsports, LLC.  
Doc. Number L09000011564

To Whom It May Concern,

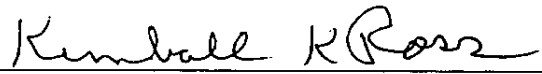
Enclosed for filing (including one executed copy), is an executed amendment to the "Articles of Organization of Roberson Motorsports, LLC. (a Florida limited liability company) changing its Manager effective upon the filing of said amendment. On filing, please provide me with a certified copy of the foregoing amendment

I am enclosing my check in the total amount of \$ 55.00 to cover the following

1. Filing fee of \$ 25.00;
2. Certified Copy Fee of \$ 30.00 (return the certified copy to the undersigned)

Please call me at 386-566-1902 if there is any additional information that you may require. Thank you for your assistance in this matter.

Respectfully,

  
Kimball K. Ross, Esq.

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TALLAHASSEE, FLORIDA

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

**Roberson Motorsports, LLC.,  
A Florida Limited Liability Company**

The Articles of Organization for this Limited Liability Company were filed 02-04-2009 and assigned Florida document number L09000011564

This amendment is submitted to amend the following:

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

N/A

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

**Enter new principal offices address, if applicable:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

N/A

New Registered Office Address:

N/A

*Enter Florida street address*

N/A, Florida

**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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u> <u>Action</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
Mgr	Laura J. Hughes	PO Box 1450, Deland, Fl. 32721	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
Mgr	Robert C. Roberson	4290 Pioneer Trail, New Smyrna Beach, Fl. 32168	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

N/A

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 26, 2015



Signature of a member or authorized representative  
of a member

Robert C. Roberson, MGR

Typed or printed name of signee

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Change  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA