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SEGRETARY OF STATE
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T. CLINE

AUG 19 2009

EXAMINER

COVER LETTER

Division of Cor	rporations			
subject: <u>Dade</u>	Name of Limi	SpectS LLC ted Liability Company		
	Amendment and fee(s) are sub	_		
•		Ü		
	Stephani	e Granda Esq. Name of Person	· · · · · · · · · · · · · · · · · · ·	
	Granda \$	Associates PA		
	<u> 6885 S</u>	.w. 58 Place		
	South M	City/State and Zip Code	3	
	59291919	ndalaw. Com to be used for future annual report notifica		•
	E-mail address: (to be used for future annual report notifica	ution)	
For further information o	concerning this matter, please of	all:	FE S	an Africa.
Stephan Name o	ie Granda	at (365) 740 — Area Code & Daytime T		to process
Enclosed is a check for the	he following amount:		IM IO: 58	" in the
\$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	1)
			,	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dade County Motorsports, 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 Con Florida document number <u>Logoco46193</u>	mpany were filed on May 14,2009 and assigned						
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limite	ed liability company here:						
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company," the designation "LLC" or the abbreviation						
Enter new principal offices address, if applicable:	13941 SW 143 C+ #2						
(Principal office address MUST BE A STREET ADDRE	SSS) Miani FL 331810						
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13941 SW 143 CFEE 5 Migmi, FL 3318 5 5						
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:	anda & Associates, P.A.						
New Registered Office Address: 68	Enter Florida street address Florida 33143						
107 - 57608	City Zip Code						
New Registered Agent's Signature, if changing Registered	Agent:						

If Changing Registered Agent, Signature of New 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 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 = Ma	MGRM = Managing Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action				
MGRM	Jeffrey H. Greenfield	10189 SW 139th Ceirt	Add Remove				
MGRM	Stephanie Granda	11315 S.W. 114 CV. Tev.	Add Remove				
			Add Remove				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Add Remove				
			Add Remove				
•			2009 de la composición dela composición de la composición dela composición de la composición dela composición de la composición de la composición de la comp				
D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	YOF STATE.				
			_				
Dated A	vs+ 17+h , 200	9	-				
	Starling	r authorized representative of a member					
-	Step\ Typed or	r printed name of signee					

Page 2 of 2

Filing Fee: \$25.00