## 1100000082461

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(Requestor's Name)				
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<b>,</b>				
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SEGRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

JUN 1420N

EXAMPLE

## **COVER LETTER**

TO:	Registration Division of C				
SUBJI	ECT:	Blitz	Mortorsports		
	<u> </u>		ited Liability Company		_
		of Amendment and fee(s) are sul	J		,
			Bruce Herring		
			Name of Person	•	
			Blitz Motorsports		
			Firm/Company		
2591			1 N. Forsyth Rd. Suite D		
			Address		<del></del>
		\	Winter Park Fl. 32792	2	
			City/State and Zip Code		_
		E-mail address: (	tzorlando@gmail.cor to be used for future annual rep	n port notification)	_
For fur	ther information	n concerning this matter, please of	call:		
	Je	rome Pedersen	at (_321 )	202-1565	
Name of Person			L Daytime Telephone Nun	iber	
Enclose	ed is a check for	r the following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is e	Certif enclosed) Certif	Filing Fee, ficate of Status & fied Copy tional copy is enclosed)
MAILING ADDRESS:		STREET/	COURIER ADDRESS	i:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENTON OF CORPORATIONS TO ARTICLES OF ORGANIZATION 13 PM 2: 28 OF

Name of the Limited Liability Compa (A Florida Limited I	orsports, LLC	s on our records.)	
The Articles of Organization for this Limited Liability Company  Florida document numberL10000082461		08/08/2010	and assigned
This amendment is submitted to amend the following:	••••		
A. If amending name, <u>enter the new name of the limited liab</u>	<u>inty company neri</u>	<b>E</b> :	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Compar	ny," the designation "Ll	LC" or the abbreviation
Enter new principal offices address, if applicable:	2591 N. Forsy	rth Rd. Suite D	
(Principal office address MUST BE A STREET ADDRESS)	Winter Park, F	L. 32792	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ur records, <u>enter th</u>	e name of the new
Name of New Registered Agent:	,, <del> </del>		·
New Registered Office Address:	Ent	er Florida street addr	ess
		, Florida	
	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>	Address	Type of Action
MGRM	Jerome Pedersen	1332 Epson Oaks Way Orlando, FL 32837	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ing any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	SECRETARY OF SIADIVISION OF CORPORA
 Dated	Signature of a member of	authorized representative of a member	THOMS
-	Ві	ruce Herring	<del></del>
	1 yped or	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00