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SECRETARY OF STATE

FILED

# **COVER LETTER**

SUBJECT:	otorsport	uc	
	Name of Limit	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	<u>.</u>		
		Name of Person	
	Motorsoc	xt UC	
		Firm/Company	
	3363 NE 11	63 CSt Suite 7	105
		Address	
	N.Miami I	Beach 71 33	130
	10 D	City/State and Zip Code  NUTCUMENT.	con
	E-mail address: (to	o be used for future annual report notificati	on)
For further information con	ncerning this matter, please ca	all:	
Jan N	ew	at 305 507 8	3808
Name of I	Person	Area Code & Daytime Te	lephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	□S30.00 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)

### MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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**

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1000 0050	y were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	3363 NE 163 d St. Suite 705 N. Miami Beach, F1 33160
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	3363 NE 163 de St. Suite 705 N-Miami Beach, Fl 33160
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address he	ffice address on our records, enter the name of the new re:
Name of New Registered Agent:  New Registered Office Address:  N.Mian	3 NE 163 St SWHC 705  Enter Florida street address  NI Blach, Florida 33160  City Zip, Code
New Registered Agent's Signature, if changing Registered Agent	The second secon
I hereby accept the appointment as registered agent and ag the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	plete performance of my duties, and I am Jamiliar with and provided for in Chapter 608, F.S. Or, if this document is

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
N BRM	NetElementInc	1450 S. Miami Are	Add
		Miami 7 33130	Remove
MGR	Net Element Interna	xtional	Add
	Inc.	3363 NE 163 d St. Suite	
		N. Miami beach F1331	<u>a</u> 0
			Add
			Remove
			_
			Add
			Remove
,			
	·		Add
			Remove
			_
			Add
			Remove

ted June 17 , 2013.	ted June 17 , 2013.	amenuing any other in	nformation, enter change(s) here: (Attach additional sheets, if necessary.)
QLS	ed June 17 , 2013.		
QLS	ed June 17, 2013.		
QLS	ed June 17, 2013.	<del> </del>	
QLS	red JUNE 11 , JUIS.	7.00.00	20.2
		d JUNE 11	
	Signature of a member or authorized representative of a member	<del></del>	

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Filing Fee: \$25.00