110000100544

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	





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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 18, 2013

NATALYA VOROJ 20801 BISCAYNE BLVD., STE 406 AVENTURA, FL 33180

SUBJECT: MOTORSPORT, LLC Ref. Number: L10000100564

We have received your document for MOTORSPORT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

An individual must sign on behalf of the business entity you have designated as the registered agent.

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) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 813A00024400

2013 KOY - 7 PM 3: 11

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	Motors part Name of Limit	ed Liability Company		
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Min	Name of Person		
	<u></u>	-Gb, LLC Firm/Company		
	20801 Bisa	ayre Blud, Ste	103	
	Aventura	City/State and Zip Code		2 (a) Ess (a) (b) (c)
	E-mail address: (to	NETFUND. COM o be used for future annual report notification	<u>m)</u>	
For further information con	ncerning this matter, please ca	all:		· []
Natalia Name of	Person	at (<u>954) 496 - 036</u> Area Code & Daytime Tel	2 G ephone Number	PH 3: I
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fee	Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Sta Certified Copy (additional copy	atus &
MAILIN	NG ADDRESS:	STREET/COURIER	ADDRESS:	

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

Registration Section
Division of Corporations
Clifton Building

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ATTN: Neysa

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

\sim	exsport	uc			
(Name of the Limited)	Liability Company Florida Limited Li	as it now appears on	our records.)	एंट्र य	
(A	r iorida Emilica El		1		£ .
The Articles of Organization for this Limited Lia	ability Company v	vere filed on9/2	7/2010	and assigned	d
Florida document number \(\square\phi\phi\phi\forall \)	Slot.				
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabil	ity company here:			
-	NIA				
The new name must be distinguishable and end with "L.L.C."	the words "Limite	ed Liability Company," t	he designation '	'LLC" or the abbre	viation
Enter new principal offices address, if applica	ble:	2080/Bis	cayne	Blue	
(Principal office address MUST BE A STREET	(ADDRESS)	3k 40	<u>კ</u>		
		- Aventu	ra, fl	33180	
			•		
Enter new mailing address, if applicable:		Sam	e asa	reincipal	
Mailing address MAY BE A POST OFFICE B	eox)		, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	1100.1001	
<u> </u>	<u></u>				
				·	
B. If amending the registered agent and/or registered agent and/or the new registered off			ecords, enter	the name of the	e new
		.			
Name of New Registered Agent:		1T Lab,	<u>uc</u>		
New Registered Office Address:	208013	iscarre Blog	Ste 40 orida street ad	3	
	Aventur			33180	
	11461-101	City	, rioriua	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

Dage 1 of 2

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>	Address	Type of Action
MGR	Net Element International, Inc	3363 NE 1635+ Ste 705 North Miami Beach, Fl	$\Box \Box $
		North Mami Blach, Fl. 3316	Remove
MGRM	Mike 20i	2080/Biscayue Blud	Add
		Ste 403 Aventura, FL 33180	Remove 1
			Add
			Remove
			Add
			Remove
			_ Add
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