L10000101722

(Requestor's Name)				
(Ac	ldress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phone) #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

C. LEWIS

JUL 20 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 16, 2011

JOHN LEPAK 2ND MAILING COMPETIZIONE RACING SIMULATION LLC 1683 BEARDALL AVE. SUITE 101 SANFORD, FL 32771

SUBJECT: COMPETIZIONE RACING SIMULATION LLC

Ref. Number: L10000101722

We have received your document for COMPETIZIONE RACING SIMULATION LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of 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) 245-6047.

Letter Number: 211A00013412

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

TČ: Registration Section Division of Corporations				
SUBJECT: Competizione Racing Simulation LLC. Name of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
John Lepat Name of Person				
Competizione Racing Simulation LLC.				
JOO Greeky St. Address				
City/State and Zip Code Schup Cepab & Gmail. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Schn Lepas at 407, 729 - 2126 Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee Certificate of Status S55.00 Filing Fee Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)				

MAILING ADDRESS:

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

FILEU

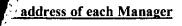
Competizione Ravio	25 Simulation	III JUL 19 P用器 20
(Name of the Limited Liability Compa (A Florida Limited I	y as it now appears on our record Liability Company)	GCRETARY O F STATE ELAHASSEE. FLORIDA
The Articles of Organization for this Limited Liability Company	were filed on $9/21/10$	and assigned
Florida document number <u>L/OCOC/0/727</u> .	• ,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
Pura Seal Carpet Care	LLC.	
The new name must be distinguishable and end with the words "Lim 'L.L.C."	ited Liability Company," the designati	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1683 Bearda	11 Ave
(Principal office address MUST BE A STREET ADDRESS)	San Ford FL	32771
	Suite /c/	
Enter new mailing address, if applicable:	1683 Bearday	11 Ave
Mailing address MAY BE A POST OFFICE BOX)	Sanford FL 3	277/
	Suite 101	
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
	, Florid	a 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 amonding the Managers or Managing Members on our records, enter the title, nor Managing Member being added or removed from our records:



MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendir	ng any other information, enter change((s) here: (Attach additional sheets, if necessary.)	_
 -		AL	2011
 Dated		ALLAHASSEE, T	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
L100001	Signature of a member of	ָרָטְאַ רַטְאַ	PA SE 20 YOF STATE

Page 2 of 2

Filing Fee: \$25.00