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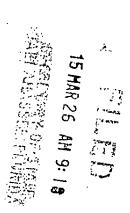
(R	lequestor's Name)	
. (A	ddress)	
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PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

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J. SHAVORS APR 1 6 2015

## **COVER LETTER**

Orlando	Grand Prix, LLC		
	Name of Lim	ited Liability Company	
Articles cf	Amendment and fee(s) are sub	mitted for filing.	
all correspo	ndence concerning this matter	to the following:	
	James A. Byrne, Es	quire	
	<del></del>	Name of Person	
		Firm/Company	
	540 - 4th Street Nor	th	
		Address	
	St. Petersburg, FL	33701	
		City/State and Zip Code	
		-	
	E-mail address: (	to be used for future annual report notific	cation)
formation c	oncerning this matter, please co	all:	
rne		727 898-3273	
Name o	f Person	Area Code Daytime	Telephone Number
check for th	ne following amount:		
ling 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)
í	formation corne	James A. Byrne, Es  540 - 4th Street Nor  St. Petersburg, FL  floridalaw@mindspring  E-mail address: ( formation concerning this matter, please concerning this matter concerning this ma	Firm/Company  540 - 4th Street North  Address  St. Petersburg, FL 33701  City/State and Zip Code floridalaw@mindspring.com  E-mail address: (to be used for future annual report notific formation concerning this matter, please call:  rne  727  Name of Person  Area Code  Daytime  check for the following amount:  ling Fee  Certificate of Status  Certified Copy

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Talla nassee, 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

	, Flor	ida
	Enter Florida street address	
New Registered Office Address:		
Name of New Registered Agent:		
. If amending the registered agent and/or registon gistered agent and/or the new registered office addresses.		enter the name of the n
	1 60 11	
		CD CD
Aailing address MAY BE A POST OFFICE BOX)		9 💛
Enter new mailing address, if applicable:		
		20 //
rincipal office address MUST BE A STREET ADDRI	ESS)	<u> </u>
nter new principal offices address, if applicable:	*****	
e new name must be distinguishable and end with the words "Limi	ited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
locounty, LLC		
If amending name, enter the new name of the limit	ed liability company here:	
nis amendment is submitted to amend the following:		
orida document number L10000129536	<u>-</u> ·	
ne Articles of Organization for this Limited Liability Co	empany were filed on 12/20/2010	and assigned
	12/20/2010	
(A Florida I	Company as it now appears on our records.) Limited Liability Company)	

## 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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		<del></del>	□ Remove
			Add
		<del> </del>	Remove
			<del>-,, , </del>
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			Remove
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2015	
)	rior to date of receipt or filed date and ca repartment of State)

Page 3 of 3

Filing Fee: \$25.00

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