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JUL - 6 2012

EXAMINER



900235843539

06/18/12--01028--021 **25.00

Sign

12 JUL -3 AMIL: 20

COVER LETTER TO: **Registration Section** Division of corporations ... The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Theresa Ferry Name of Person United Racing Supply, LLC 13749 N SR 121 Macclenny, F1 32063 City/State and Zip Code <u>United racing Supply & Valuos. Com</u> E-mail address: (to be used for luture adnual report notification)

For further information concerning this matter, please call:

Mame of Person at (904) 259-9154

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing 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)

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 ARTICLES OF ORGANIZATION **OF**

United Racing Supply, LLC	
(Name of the Limited Liability Company as it now appears on our records.)	

(Name of the Limited Li (A Fl	orida Limited Liability Company)	<u>r records.</u>)		
The Articles of Organization for this Limited Liability Company were filed on			and assigned	
Florida document number				
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of th	ne limited liability company here:			
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company," the	designation '	'LLC" or the abbreviation	
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET A	ADDRESS)		De s	
		<u> </u>	<u> </u>	
F1			ASSET 4	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u></u>		F STATE	
			- RA 20	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our rec e address here:	ords, <u>enter</u>	the name of the new	
Name of New Registered Agent:	Theresa Ferry 13749 N SR 121 Enter Flor			
New Registered Office Address:	13749 N SR 121			
	Enter Flor	ida street aa	ldress	
	Macclenny	_, Florida _	32063	
	City J		Zip Code	
New Registered Agent's Signature, if changing Reg	vistered 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager '

MGRM = M	anaging Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Richard J. Ferr	13749 N SR 121 Macclenny, M 32063	Add Remove
MGR	Theresa M. Ferry	13749 N SR 121 Macclenny, FT 32063	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter change((s) here: (Attach additional sheets, if necessary.)	_
			_
	1		<u> </u>
Dated	June 27, 2012	<u>'</u> .	
	Signature of a member o	rauthorized perfesentative of a member	
	Meresa M	- (<i>)</i>	
	Typed or	r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00