L11000051000

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
()
PICK-UP WAIT MAIL
(Business Entity Name)
· · ·
(Document Number)
(Boodificht Mariboly
Out to the contract of the con
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
111A-22173
1114-22:17



700211564467

09/12/11--01033--001 **35.00

FILED

11 SEP 26 PN 4: 13

SECRETARY OF STATE

NAMES SEE, FLORIDA

Office Use Only



September 13, 2011

JULIE E. EL AOVAR 821 INDIAN RIVER AVENUE TITUSVILLE, FL 32780

SUBJECT: VICTORY LANE MOTORSPORTS, LLC

Ref. Number: L11000051000

We have received your document for VICTORY LANE MOTORSPORTS, 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.

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) 245-6067.

Letter Number: 411A00021141

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:	Registration Section Division of Corpora		• •	, •	
SUBJ	ECT:	Ctory L	ane ted Liability Co	Motors-	ports, LLC
The en	nclosed Articles of Ame	ndment and fee(s) are sub	mitted for filing	g.	
Please	return all corresponder	ce concerning this matter	to the followin	g:	
	_	<u>J</u> 0	lie D	EI F	buar
	_	victen	J Q	ne Mote	eropurts. ICC
	_	821	India	n River	Ane
	_	Titus	City/State and	FL 32 Zip Code	2780
	<u>C</u>	HaliHerba	ntique o be used for futu	ure annual report notifica	il o com
For fur	ther information concer	rning this matter, please ca	all:		
	Name of Pers	El Aguar	at (3	Area Code & Daytime T	-2727 Telephone Number
Enclos	ed is a check for the fol	lowing amount:			
□ \$25	i.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Fill Certified (addition		\$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 TO

FILED

ARTICLES OF ORGANIZATION 11 SEP 26 PM 4: 13

	<i>71</i> °	SECISETARY 18 STATE				
Victory Le	ine n	noters por E. S. C. S. C.				
(Name of the Limited Liability Comp (A Florida Limited	<u>any as it now appe</u> Liability Company	ars on our records.)				
(and my company	. 1				
The Articles of Organization for this Limited Liability Compan	y were filed on	4/29/2011 and assigned				
Florida document numberL11000051000	\mathcal{E}					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited lia	hility company h	ere:				
<u> </u>	~, v o,	 .				
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Com	pany," the designation "LLC" or the abbreviation				
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)						
	· · · · · · · · · · · · · · · · · · ·					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)	W	· · · · · · · · · · · · · · · · · · ·				
Mutting utturess MAT BE A FOST OFFICE BOA						
75 TC 11 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ce 13					
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		our records, enter the name of the new				
and the second and th	<u> </u>					
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida street address					
	. Florida					
	City	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 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 = Mana MGRM = Man	ger naging Member	• '	
<u>Title</u>	Name	Address	Type of Action
M Gem	Julie D. El Aouar	821 Indian RiverA	Ye ☐ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	2/11		FILED 11 SEP 26 PM 4: 14 SECRETARY OF STATE ALL MASSEE, FLORIDA
	Signature of a member of Typed or	·	

Page 2 of 2

Filing Fee: \$25.00