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	ress)	<u> </u>
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(City/	/State/Zip/Phone	· #)
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COVER LETTER

	gistration S vision of Co			
SURTECT	PRIME M	OTORCYCLES OF ORLANE	OQ LLC.	
SUBJECT	·	OTORCYCLES OF ORLANE Name of Lir	nited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sul	omitted for filing.	
		ondence concerning this matter		
		Logan Riley		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		POWERPLAY MOTORS	PORTS LLC.	
			Firm/Company	
		1100 S French Ave		
			Address	
		Sanford, FL 32771		
			City/State and Zip Code	
		logandirect@yahoo.com	to be used for future annual report not	018 - 100°
For further i	nformation c	oncerning this matter, please c	·	(Hicagon)
Logan Riley	;		407 792-9266	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a	i check for th	ne following amount:		
■ \$25.00 I	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 Tadditional copy is enclosed.
	iling Address		Street Address:	
	gistration S vision of Co	orporations	Registration Se Division of Co	
). Box 632		The Centre of T	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRIME MOTORCYCLES OF ORLANDO	LLC.	
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records. a Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on 05/10/2011	and assigned
Florida document number 1.11000055897	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
POWERPLAY MOTORSPORTS LLC.		
The new name must be distinguishable and contain the words "Lin	tited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Lin Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	
		一巻 ファ
		SSE TO THE TOTAL PROPERTY OF THE TOTAL PROPE
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	d office address on our records, <u>enter th</u>	ne name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	ida
	City	Zin 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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager		
AMBR = Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
		 	□Add
			□Remove
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			∏C'hanue

	
Note:	tive date, if other than the date of filing:
e reco rd is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
.Dated	JANUARY 16th 2025
	- John John John John John John John John
	Supparture of a member organishorized representative of a member

Filing Fee: \$25.00