

(Requestor's Name)				
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PICK-UP WAIT MAIL				
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G. MCLEOD

JUN 21 2011

EXAMINER



400208265054

06/20/11--01035--025 **25.00

11 JUN 20 PH I2: 36

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Sherry & USA RACINGULC Name of Limited Liability Company				
	Name of Limited Liability Company			
The englosed Articles of An	nondment and foots) are submitted for filing			
	nendment and fee(s) are submitted for filing.			
riease return all correspond	ence concerning this matter to the following:			
	Sherry Par BHOO			
	Name of Person			
	Firm/Company			
,	1501ERRAGE 14935W			
Address				
	DAVIE PC 93926			
	Address DAVIE PL 33326 PARBHOD S. Com cast. NET E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:				
- 6				
Name of Pe	Area Code & Daytime Telephone Number			
Name of IV	The Code & Sayanto Pelophone Namos			
Englosed is a check for the f	following amount:			
\$25.00 Filing Fee [\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			
Registration of P.O. Box 6	of Corporations Division of Corporations			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHERRY & LISA	Racine	llc	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears o		
(A Florida Dillited L		5/18/11 and assigned	
The Articles of Organization for this Limited Liability Company	were med on	and assigned	
Florida document number <u>L110000589</u> 30	1		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company	"the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		71	
(Principal office address MUST BE A STREET ADDRESS)	 		
		20	
Enter new mailing address, if applicable:		mg P	
(Mailing address MAY BE A POST OFFICE BOX)		7 5 C	
		3 9	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		records, enter the name of the new	
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 = Manager

MGRM = Managing Member Title **Type of Action Name Address** mGRM Sherry PAR BHOD ISOTERRACE 1443 SW MAdd. Remove DAVIE ☐ Add Remove ☐ Add □ Remove □Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00