L11000066878

| (Re | equestor's Name) | |
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| (Ad | dress) | |
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| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE AHASSEE, FLORIT

WM 712712014

COVER LETTER

| TO: Registration So Division of Cou | | | • |
|--|--|--|---|
| SUBJECT: RSEA | AT LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | DIMITAR PE | ENEV | |
| · | | Name of Person | |
| | | | |
| | | Firm/Company | |
| | 1340 HOBS | ON ST | |
| | | Address | |
| | LONGWOO | D, FL 32750 | |
| | | City/State and Zip Code | |
| | RSEATUSA@GI | MAIL.COM to be used for future annual re | part notification) |
| For further information of | oncerning this matter, please c | | port notinication) |
| DIMITAR P | | | 70-4288 |
| | f Person | Area Code | 70-4288 Daytime Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy | □ \$60.00 Filing Fee, Certificate of Status of |

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certificate of Status &

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| RSEAT LLC | | |
|--|---|--|
| (Name of the Limi | ted Liability Company as it now appears or (A Florida Limited Liability Company) | our records.) |
| The Articles of Organization for this Limited L Florida document number L11000066878 | iability Company were filed on 6-07 | and assigned |
| This amendment is submitted to amend the foll | owing: | |
| A. If amending name, enter the new name o | f the limited liability company here: | |
| RACE CLOUD LLC | | |
| The new name must be distinguishable and end with the | words "Limited Liability Company," the desi | gnation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applic | eable: | |
| (Principal office address MUST BE A STREE | | · · · · · · · · · · · · · · · · · · · |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE | BOX) | |
| | | |
| | | |
| B. If amending the registered agent and | | r records, enter the name of the ne |
| registered agent and/or the new registered o | ffice address here: | Sa to the |
| | | 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Name of New Registered Agent: | DIMITAR PENEV | SP - I |
| New Registered Office Address: | 1340 HOBSON STREET | To R II |
| | Enter Florida | street address |
| | LONGWOOD | , Florida 32750 မိ |
| | 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 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.

II Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 = M $AMBR = A$ | lanager uthorized Member | | |
|--------------------|-----------------------------|--------------|--|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | Add |
| | | | Remove |
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| | | | LED LORETARY OF SIVEL LIAHASSEE, FLORIDA |
| | | - | □ Remove |

| If amending any other information, enter change(s) here: (At | tach additional sheets, if necessary.) |
|--|--|
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| | |
| Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed dat the date this document is filed by the Florida Department of State) | (optional) e and cannot be more than 90 days after |
| Dated 50, 2014. | |
| CX The bold | |
| Signature of a member or authorized a DIMITAR PENEV | representative of a member |
| Typed or printed nam | e of signee |

Page 3 of 3

Filing Fee: \$25.00

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