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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

	Registration Sec Division of Corp			
orth m	OCEAN RA	CING LLC		
SUBJEC	.1:	Name of Limi	ited Liability Company	-
The enclo	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please re	tum all correspor	ndence concerning this matter	to the following:	
		GERARDO IGNACIO MA	AFFEI	
		OCEAN RACING LLC	Name of Person	
			Firm/Company	
		19370 COLLINS AVE AP	T 1421	
		SUNNY ISLES 33160	Address	<u>-</u>
		IGNACIOMAFFEI@HOTM	City/State and Zip Code MAIL.COM	
		E-mail address: (t	o be used for future annual report notil	fication)
For furth	er information co	oncerning this matter, please ca	ill:	
GERAR	DO IGNACIO M	IAFFEI	1 3052066301	
	Name of	Person		e Telephone Number
Enclosed	is a check for the	e following amount:		
\$25.0	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 TO ARTICLES OF ORGANIZATION OF

OCEAN RACING LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records, a Limited Liability Company))
The Articles of Organization for this Limited Liability C Florida document number L11000076369	Company were filed on 7-01-2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	RESS)	
		. 20
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u>-</u>
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Floi	rido.
	City , F101	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.

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>	<u>Address</u>	Type of Action
MGR	GERARDO IGNACIO MAFFEI	19370 COLLINS AVE APT 1421 SUNNY ISLES 33160 FLORIDA	
			Remove
			Change
AMBR	GERARDO IGNACIO MAFFEI	19370 COLLINS AVE APT 1421 SUNNY ISLES 33160 FLORIDA	■ Add
			□ Remove
			Change
MGRM	IM RACING LLC	19370 COLLINS AVE APT 1421 SUNNY ISLES 33160 FLORIDA	□ Add
			■ Remove
			Change
			
			Remove
			Change
		<u> </u>	Remove
			□ Change
			Remove
			Change

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(If an ef Note:	tive date, if other than the date of filing:
) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	11/7/2019.
	Signature of a member or authorized representative of a member
	General IGNED HAFFE) Typed or printed name of signee