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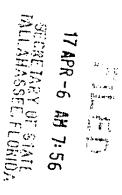
(Re	equestor's Name)	
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE		RACING SPORTSCARS LLC	C	
SOBJE		Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		ROBERT DAVIS		
			Name of Person	
		VINTAGE RACING SPO	RTSCARS LLC	
			Firm/Company	
		5568 TRIMBLE PARK R	OAD	
			Address	
		MOUNT DORA, FL 3275	7	
		-	City/State and Zip Code	
		RDAVIS4@CFL,RR.COM		
		E-mail address: (to be used for future annual report notif	ication)
For furth	ner information co	oncerning this matter, please ca	all:	
ROBER	T DAVIS		352 735-3498 Area Code Daytime	
	Name of	f Person	Area Code Daytime	: Telephone Number
Enclose	d is a check for th	ne following amount:		
\$25.	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

VINTAGE RACING SPORTSCARS 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 C	Company were filed on 02/15/2012 and assigned
This amendment is submitted to amend the following:	 `
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:
SILVERSTONE VINTAGE RESTORATIONS & PARTS	
	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 ADDI	RESS)
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, enter the name of the ne ress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City , Florida Zip Code 1 1
New Registered Agent's Signature, if changing Registered	d Agent:
provisions of all statutes relative to the proper and concept the obligations of my position as registered as	and agree to act in this capacity. I further agree to comply with the omplete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is ad office address, I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

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

$MGR = M$ $AMB\dot{R} = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be poor to b	plicable s	e of filing	or more tha	n 90 days afl	tional) ter filing his date) Purs	uant to (605.0207 isted as
he record specifies a delayed effective date, but The 90th day after the record is filed.	not an	effecti	ve time,	at 12:01	a.m.	on tl	he ea	rlier of:
Dated APRIL 3 , 2017	· ·							
Dated APRIL 3 , 2017 Signature of a member or a	uthorized	represen	tative of a n	ember				

Page 3 of 3

Filing Fee: \$25.00