## #/ 12000/19500

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K.SALY EXAMINER MAY 1 0 2013

## **COVER LETTER** •

TO: Registration Division of C		
SUBJECT:	Name of Elmited Liability Company	
The enclosed Articles	of Amendment and fee(s) are submitted for filing.	
Please return all corres	pondence concerning this matter to the following:	
	Kelvin E. BERROA  Name of Person	
	Name of Person	
	Raccoon Racing Shop, LLC	
	2030 Sw 71st Terrace, Bay C8	
	Address	
	Davie fl 33317  City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please call:	
	E BERRD A at (984) 604-4550  of Person Area Code & Daytime Telephone Number	
Name	of Person Area Code & Daytime Telephone Number	
Enclosed is a check for	the 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 en	

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

13 MAY	FILED
SECRETAR TALLAHASSE	9 PM 4 07
LLC 30k	E, FLORIDA

				CHHASSET OF STA
(Name of the Limited	OON R	acing S	hop, LI	LAMASSEE, FLORIDA
( <u>Name of the Limited</u>	Liability Company	y as it now appears	on our records.)	
The Articles of Organization for this Limited Li	ability Company v	vere filed on 🔀 🕻	Hember 1920	and assigned
Florida document number LIZ 000 119 5				
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liabil	ity company here:		
Raccoon motorsports.	110			
Raccoon Motors ports, The new name must be distinguishable and end wit "L.L.C."	h the words "Limite	d Liability Company	," the designation "	LLC" or the abbreviation
		_	+2	
Enter new principal offices address, if applic	able:	2030 SI	N Als TE	rrace
(Principal office address MUST BE A STREE	T ADDRESS)	<u>\$10.08</u>		rrace
		<u>Davie</u>	33317	
		N - 1		
Enter new mailing address, if applicable:		As above	•	
(Mailing address MAY BE A POST OFFICE)	BOX)			
B. If amending the registered agent and/o	or registered offi	ce address on ou	r records enter	the name of the new
registered agent and/or the new registered of	•		records, enter	the name of the new
Name of New Registered Agent:				
New Registered Office Address:	2030 50	U 71st Terro	ace Ste	<u> </u>
<del> </del>		Enter	r ioriaa sireei aad	aress
	Dovie		, Florida	33317 Zin Code
		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 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			
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			<del>-</del>
			<del></del> 1
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			Remove
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D. If ar	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated _	6-APRIC, 2013.
	the la Zun
	Signature of a member or authorized representative of a member
	Kelvin Berroa
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00