

L12000145227

Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : YOUR CAPITAL CONNECTION, INC.
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TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ROYAL RACING MOTORSPORTS LLC

Certificate of Status	0
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Page Count	04
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B. KOHR

DEC -7 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROYAL RACING MOTORSPORTS LLC
Name of Limited Liability Company

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TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLOS M SAMLUT CPA
Name of Person

SAMLUT & COMPANY PA
Firm/Company

PO BOX 557243
Address

MIAMI FL 33255
City/State and Zip Code

csamlut@samlut.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS M SAMLUT CPA at (305) 461-9518
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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

FILED
12 DEC -7 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ROYAL RACING MOTORSPORTS LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/16/2012 and assigned Florida document number L12000145227.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 450 ALTON RD SUITE 2308
MIAMI BEACH FL 33139
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 450 ALTON RD SUITE 2308
MIAMI BEACH FL 33139
(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>PAREDES, ALEJANDRO</u>	<u>6423 COLLINS AVE APT 1010</u>	<input type="checkbox"/> Add
		<u>MIAMI FL 33141 US</u>	<input checked="" type="checkbox"/> Remove

<u>MGR</u>	<u>PAREDES, ALEJANDRO</u>	<u>450 ALTON RD SUITE 2308</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI BEACH FL 33141</u>	<input type="checkbox"/> Remove

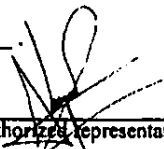
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated Dec 06 2012



Signature of a member or authorized representative of a member

Alejandro Paredes

Typed or printed name of signee

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Filing Fee: \$25.00