U170000 25394

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500287086055

06/20/16--01016--001 **25.00

TS JUN 20 MILE 92

JUN 21 2016 S. YOUNG

COVER LETTER

4

	tion Secti of Corpo					
	HT WAY	RACING TEAM LLC				
SUBJECT:		Name of Lim	ited Liability Co	mpany		
The enclosed Arti	cles of An	nendment and fec(s) are sub	mitted for filing	g.		
Please return all c	оптеspond	ence concerning this matter	to the followin	g:		
		MARIANA GOLDEMBE	RG			
			Name of	Person	•	
		CREON MANAGEMENT	LLC			
		-	Firm/Co	npany		
		2721 EXECUTIVE PARK	DRIVE 4			79 (.
			Addre	ess		
		WESTON, FL 33331				
		7770-1770-1740-	City/State and	Zip Code		
T. 0 .4 . 1 .		E-mail address: (ure annual r	eport notification	1)
		erning this matter, please ca	all:			
MARIANA GOL			305 at ()	-1858	
	Name of Pe	erson	Area	Code	Daytime Teler	phone Number
Enclosed is a chec	k for the f	ollowing amount:				
\$25.00 Filing	Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 F Certified (additional			□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registration on P.O. Box (f Corporations	·	Registration Division of Clifton Bu 2661 Exec	COURIER A on Section of Corporations hilding outive Center Coe, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIGHT WAY RACING TEAM LLC		
(Name of the Limited Liah (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L13000025394	Company were filed on 02/18/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	.imited 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 ADI	DRESS)	8
		2 P
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regressioned agent and/or the new registered office ad	gistered office address on our records, <u>e</u> ldress here:	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	8
	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.

If Changing Registered Agent, Signature of New Registered Agent

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	GENOVESIO, JORGE R	AV GASCON 1245 PISO 7 A	
		BUENOS AIRES, BS 1181 AR	■ Remove
			Change
MGR	CREON MANAGEMENT LLC	2721 EXECUTIVE PARK DRIVE	■ Add === (D)
		4	
		WESTON, FL 33331	□ Remove
			Change
			□ Remove
			Change
			Add
			Remove
			□ Change
			Remove
			Change
			Add
			☐ Remove
		*****	☐ Change

 							
							
	.						· · · · · ·
		==					
- 							
							مهم سي
							<u> </u>
							<u> </u>
							
							100
						<u> </u>	
effective date is liste te: If the date inse	ner than the date d, the date must be sperted in this block do date on the Departm	ecific and cann es not meet t	iot be prior to d the applicable	late of filing or a	nore than 90 da ng requiremen	(optional) ys after filing.) its, this date w	Pursuant to 605.020 rill not be listed a
record specifie he 90th day af	s a delayed effe ter the record is	ctive date, ; filed.	, but not a	n effective	time, at 12	::01 a.m. o	n the earlier o
ed JUNE 13			016				
		\	kul				
			\sim 1 \sim				

Page 3 of 3

Filing Fee: \$25.00