LI300030293

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TO: Registration Section Division of Corporations

SUBJECT: Phoenix Motorsports LLC Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Name of Person Phoenix Motorsport Firm/Company Idlewild Ct _____ Address FL 34243 City State and Zip Code *arasola* othplanetusedports.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (<u>941) 751 1900</u> Area Code & Daytime Telephone Number Name of Person

Enclosed is a check for the following amount:

\$25.00 Filing Fee

Solution Status 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

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4		OF A REFRINGENCE	FILED
	ARTICLES	OF AMENDMENT TO	2013 HAR 19 PM 3: 08
· · · ·	ARTICLES	OF ORGANIZATION	_
		OF	SECREDARY OF STATE TALLAHASSIE, FLORIDA
	Phoenix Molecropor (Name of the Limited Liability C (A Florida Liu	- <u>LS, LLC</u> Company as it now appears on o nited Liability ("ompany)	
The Articles of Org	anization for this Limited Liability Cor	npany were filed on Februa	ru 25, 2013 and assigned
	umber <u>L 1300030293</u>	· ·	}
This amendment is:	submitted to amend the following:		
A. If amending na	me, <u>enter the new name of the limite</u>	<u>d liability company here</u> :	
The new name must l "L L.C."	be distinguishable and end with the words	"Limited Liability Company," th	e designation "LLC" or the abbreviation
Enter new princip	al offices address, if applicable:		
(Principal office ad	ldress MUST BE A STREET ADDRE	<u>(33)</u>	
Enter new mailing	address, if applicable:		
(Maihing address M	LAY BE A POST OFFICE BON		
B. If amending t	the registered agent and/or register	ed office address on our re	cords, <u>enter the name of the new</u>
registered agent a	id/or the new registered office addre	<u>ss here</u> :	
<u>Name of N</u>	New Registered Agent:		
New Regi	stered Office Address:		
		Enter Fle	orida street address
			, Florida
		Cin	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

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If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

,

<u>Title</u>	<u>Naine</u>	Address	<u>Type of Action</u>
MGRM	Dorothy J. O'Brien	711 57th Ave W #200	Add
		Bradenten FL 34207	Remove
			Add
			Remove
		······································	Add
			Remove
	<u> </u>		Add
			Remove
			Add
			Remove
			Add
			Remove

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

Dated March 13, 2013 Signature of a member of authorized representative of a member Joseph Cutrone Typed or printed name of signee

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Filing Fee: \$25.00

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