

L13000031635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

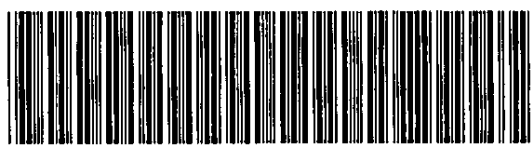
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

K. SALY
DEC 20 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PRS RACE TIMING, 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:

PAUL MCRAE

Name of Person

PRS RACE TIMING, LLC

Firm/Company

3565 PINE STREET

Address

JACKSONVILLE, FLORIDA 32205

City/State and Zip Code

PAUL@PRSRACETIMING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATTHEW REIMER

904 509-1345

at (_____) _____

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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TALLAHASSEE, FLORIDA

PRS RACE TIMING, 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 2/28/2013 and assigned
Florida document number L13000031635

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 contain the words "Limited 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 ADDRESS)

3565 PINE STREET
JACKSONVILLE, FLORIDA 32205

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3565 PINE STREET
JACKSONVILLE, FLORIDA 32205

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:

PAUL MCRAE

New Registered Office Address:

3565 PINE STREET

Enter Florida street address

JACKSONVILLE

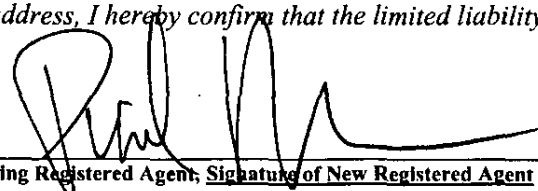
Florida 32205

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>	<u>Type of Action</u>
MGR	MATTHEW REIMER	1020 THEODRE AVENUE	<input type="checkbox"/> Add
		JACKSONVILLE BEACH, FLOR	<input checked="" type="checkbox"/> Remove
		32250	<input type="checkbox"/> Change
MGR	PAUL MCRAE	3565 PINE STREET	<input type="checkbox"/> Add
		JACKSONVILLE, FLORIDA	<input type="checkbox"/> Remove
		32205	<input checked="" type="checkbox"/> Change
MGR	JOE FERTSCH	254 PORTA ROSA CIRCLE	<input checked="" type="checkbox"/> Add
		ST AUGUSTINE, FLORIDA	<input type="checkbox"/> Remove
		32092	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Sale of 50% of business ownership from Matthew Reimer to Joe Fertsch as of January 1, 2017

As of January 1, 2017 Matthew Reimer will have no association or interest in the business.

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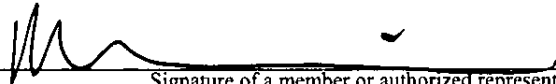
E. Effective date, if other than the date of filing: January 1, 2017 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated December 12, 2016



Signature of a member or authorized representative of a member

Matthew Reimer

Typed or printed name of signer