U300007-3613

| (Request | or's Name) |
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| (Address |) |
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| (City/Stat | e/Zip/Phone #) |
| PICK-UP |] WAIT MAIL |
| (Busines | s Entity Name) |
| (Docume | nt Number) |
| Certified Copies | Certificates of Status |
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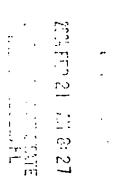
Office Use Only



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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| PowerSport Connection LLC | | | |
|--|--|---|---|
| (<u>Name of the Limi</u> | ted Liability Company as 4A Florida Limited Liabili | it now appears on our record ty Company) | <u>(.</u>) |
| The Articles of Organization for this Limited L | | : filed on 5/20/2013 | and assigned |
| Florida document number L13000073613 | • | | |
| This amendment is submitted to amend the following | owing: | | |
| A. If amending name, enter the new name of | f the limited liability | company here: | |
| The new name must be distinguishable and contain the v | vords "Limited Liability Co | ompany," the designation "L1 C | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if applied | cable: | | |
| (Principal office address MUST BE A STREI | ET ADDRESS) | | |
| | • | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE | <u>BOX)</u> | | |
| | | | 1411 |
| | | | |
| B. If amending the registered agent and/or | | ess on our records, <u>enter</u> | the name of the new registered |
| agent and/or the new registered office addre | ess nere: | | |
| Name of New Registered Agent: | Elaine Jackson | | |
| New Registered Office Address: | 148 Cinnamon Drive | | ·: |
| | | Enter Florida street addres | . · · ' · · · · · · · · · · · · · · · · |
| | Interlachen | . F1 | lorida 32148 - 2 |
| | | City | Zip Cvik |

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.

DocuSigned by:

Hair Jackson

H Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID^{*} D96D9DDF-5392-4280-8A54-D18488B008A8 in amending Authorized rerson(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | <u>Address</u> | Type of Action |
|--------------|----------------|----------------------------|-----------------|
| MGR | Elaine Jackson | 148 Cinnamon Drive | Add |
| | | Interlachen, Florida 32148 | □Remove |
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| Note: 11 | e date, if other than the date of filir tive date is listed, the date must be specific ar f the date inserted in this block does not nt's effective date on the Department of | nd cannot be prior to d meet the applicable | late of filing or more than e statutory filing requi | (optional) 90 days after filing.) rements, this date v | Pursuant to 605.0 |
| record t is filed | specifies a delayed effective date, but no d. | nt an effective time | , at $12:01$ a.m. on the ε | earlier of: (b) The | 90th day after th |
| | 02/06/2024 | . · <u></u> | | | |
| ated _ | | | | | |
| ated _ | Claim Jackson | | ed representative of a me | | |

Filing Fee: \$25.00