# L13000/44900

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JAN - 2 2015 T. HAMPTON

## **COVER LETTER**

TO: Registration Section Division of Corporation		
SUBJECT:	JM Motorsports LLC  Name of Limited Liability Company	
The enclosed Articles of An	nendment and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	bisela Padron Name of Person	
	JM MOTOrsports LLC	
	Firm/Company	
	17600 Collins quenue	
	Address	
	Sunny De H 33160  City/State and Zip Code	
	City/State and Zip Code	
-	F-mail address: (to be used for future annual report notification)	
For further information conc	cerning this matter, please call:	
Jm	Padron  at (954) 868-5863  Area Code Daytime Telephone Number	
Name of Po	erson Area Code Daytime Telephone Number	
Enclosed is a check for the f	following amount:	
\$25.00 Filing Fee	□\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	l)

### 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



RECEIVED

14 DEC 31 AM 10: 00

THE SECOND PROPERTY OF A STREET

AVILIUM OF CORFORATIONS BUREAU OF COMMERCIAL INFORMATION SERVICES

September 30, 2014

GISELA PADRON 17600 COLLINS AVE SUNNY ISLES, FL 33160

SUBJECT: JM MOTORSPORTS, LLC

Ref. Number: L13000144900

We have received your document for JM MOTORSPORTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist III

Letter Number: 714A00020923

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JM MOI	orsports	LLC				
(Name of the Limited I	Liability Company as i Florida Limited Liabilit	it now appears y Company)	on our records.)			
The Articles of Organization for this Limited Liab Florida document number L1300019  This amendment is submitted to amend the follow  A. If amending name, enter the new name of the submitted to a submi	<u>+9.400</u> ving:		0 15 13	and ass	igned	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Li	ability Company	y," the designation	"LLC" or the	abbrev	/iation
Enter new principal offices address, if applicat	ole:	nlA-		SECHE	14 DEC	<u>-71</u>
(Principal office address MUST BE A STREET	ADDRESS)			14 A S R	<u>ü</u> _	And in 1925
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u></u>	nIA-		Y OF STATE SEE. FLORIDA	PH 4: 17	Ö
B. If amending the registered agent and/or registered agent and/or the new registered office		ddress on ou	r records, enter	the name	of the	new
Name of New Registered Agent:	<u> Visela</u>	PaiDR	00			_
New Registered Office Address:	17600 C	olling	Quenue	7		_
•	C. III. C		Florida street add	aress		
	Sunry City	ナットもつ	, Florida	ろういのO Zip Code	<u> </u>	
Nam Dagistanad Agantia Signatura if shanging Da	aistand Assauts			1. = = = = =		

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> Name <u>Address</u> Type of Action Remove Remove

	* · · · · · · · · · · · · · · · · · · ·	
fective date, if other than the	date of filing:	(optional)
effective date is listed, the date	date of filing:	<b>(optional)</b> s after filing.) (605.0207 (3
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Page 3 of 3

Filing Fee: \$25.00

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