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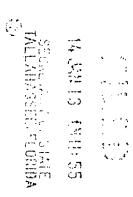
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J. Shivers JAN 15 2013

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## **COVER LETTER**

TO:

Registration Section **Division of Corporations** 

CF 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:

Scott P. Weber

Name of Person

Scott Phillip Weber, P.A.

402 Knights Run Ave., Suite 150

Tampa, FL 33602

City/State and Zip Code

sheila@franchiselegalsolutions.com

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

For further information concerning this matter, please call:

Scott Weber

at (813) 337-6650 Daytime Telepho

Name of Person

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

CF Motorsports, LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our rec d Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compar	ny were filed on 10/28/2013	and assigned
Florida document number L13000151777		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
Karting Source, LLC		
The new name must be distinguishable and end with the words "L. "L.L.C."	imited Liability Company," the desi	gnation "LLC" or the abbreviat
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADDRESS)	g	F.4. 7.
Enter new mailing address, if applicable:		77 (Mr. +
(Mailing address MAY BE A POST OFFICE BOX)		1777 1770 - 1777 1770 - 1777
		22 h
		UIT UI
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		s, enter the name of the n
Name of New Registered Agent:	——————————————————————————————————————	
New Registered Office Address:		
	Enter Florida s	treet address
·	, Florida	
	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

Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member **Type of Action** <u>Address</u> Title Name 16672 75th Way North **Andrew Coulton MGR** Palm Beach Gardens, FL 33418 Remove Remove

-If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or

D. If amending any other inform	ation, enter change(s) here: (Atta	ch additional sheets, if necessary.)
E. Effective date, if other than the (If an effective date is listed, the date	e date of filing: e must be specific and cannot be m	(optional) ore than 90 days after filing.) (605.0207 (3)(b)
Dated January 8	2014	
	Cett la	
S	ignature of a member or authorized re Scott P. We	presentative of a member
·	Typed or printed name	of signee

Page 3 of 3

Filing Fee: \$25.00