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COVER LETTER ·

TO: Registration Second Division of Corp.					
SUBJECT: TAO F	RACING, LLC	,			
SUBSECT.	Name of Lim	ited Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
	dence concerning this matter	-			
	PAUL DESL	.AURIERS			
		Name of Person			
	TAO RACIN	G, LLC			
		Firm/Company			
	1850 NW 15	TH AVENUE	E SUITE 220		
		Address		2014	erest PC
	POMPANO	BEACH,FL;	33069	2014 FEB	19
	-	City/State and Zip Code		SS - 80	
	E-mail address: (to be used for future annual re	port notification)	PH 12: 42	
For further information cor	ncerning this matter, please ca	ali:		1.52 P	1
PAUL DESL	AURIERS	_{at} 305, 45	50-9969	の元	
Name of I	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	□ \$60.00 Fili Certificate	ng Fee,	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAO RACING, 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 01-15-2014 and assigned Florida document number L14000011454 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NOT APPLICABLE The new name must be distinguishable and end with 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: NOT APPLICABLE Name of New Registered Agent: New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

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

JRA STANGONI	Address 1850 NW 15TH AVENUE	Type of Action
	SUITE 220	■ Add □ Remove
	POMPANO BEACH, FL 3306	
		🖸 Add
		□ Remove
		
		□ Add
		Remove
		_
		Addition Add
		8 8
		[2] Add:
	3 b	_□ Remove
		-
		_□ Add
		☐ Remove
	JRA STANGONI	JRA STANGONI SUITE 220 POMPANO BEACH, FL 3306

If amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
(The effective date mu the date this docume	other than the date of filing: (optional) st be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after nt is filed by the Florida Department of State)
Dated FEBR	UARY 10TH 2014
PAL	Signature of a member or authorized representative of a member JL DESLAURIERS
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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