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| · PICK-UP | WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Do | ocument Number) | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Team Focus Racing, 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:

Ronald Terzer

Name of Person

MacNeill Group, Inc.

Firm/Company

1300 Sawgrass Corporate Parkway, Suite 300

Address

Sunrise, FL 33323

City/State and Zip Code

ronald.terzer@teamfocusins.com

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

For further information concerning this matter, please call:

Ronald Terzer

_,954 \ 33

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

| Team Focus Racing, LL0 | |
|--|--|
| (<u>Name of the Limited</u> (A | Liability Company as it now appears on our records. Florida Limited Liability Company) |
| - | oility Company were filed on January 28, 2014 and assigned |
| This amendment is submitted to amend the follow | ring: |
| A. If amending name, enter the new name of the | he limited liability company here: |
| Team Focus Motorsports, LLC | |
| The new name must be distinguishable and end with the wo | ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicab | de: |
| (Principal office address MUST BE A STREET | ADDRESS) |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BO | <u> </u> |
| | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | registered office address on our records, enter the name of the new |
| Name of New Registered Agent: | mes to the second secon |
| New Registered Office Address: | Enter Florida street address |
| | , Florida |
| | City Zin Coda |

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:

| $MGR = \dot{M}$ $AMBR = A$ | anager uthorized Member | | |
|----------------------------|----------------------------|---------|------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| . If amending any other informati | ion, enter change(s) here: (Attach add | litional sheets, if necessary.) |
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| Effective date, if other than the of The effective date must be specific, cannon the date this document is filed by the Flor | t be prior to date of receipt or filed date and cans | (optional) not be more than 90 days after |
| _{Dated} May 13 | 2014 | |
| XI | ruld To | |
| Ronald Terze | ignature of a niember or authorized representa | tive of a member |
| | Typed or printed name of signer | : |

Page 3 of 3

Filing Fee: \$25.00

