Division of Corporations Electronic Filing Cover Sheet

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(((H15000096982 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CLARA GIRALDO, P.A.

Account Number : I19990000017

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please .\*\*

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CLARA GIRALDO P.A

H150000969823.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF ORGANIZATION The Articles of Organization for this Limited Liability Company were filed on Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and and with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Euter 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Zip Code Çity

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 cm 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

MGR = Manager

CLARA GIRALDO P.A PA H150000 969823.

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:

AMBR = Authorized Member Title Type of Action MGR ORTUELA CARLOS MOR MARDINI, ROGERS. 15420 SW 13657 \$7 DAD \_□ Remove □ Add ☐ Remove 🔲 Remove

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