

614000 177697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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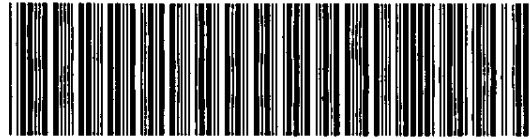
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. SERVICE FEB 16 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Slide United 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:

Tyson Raw

Name of Person

Firm/Company

7506 Ranchero Street

Address

Orlando, FL 32822

City/State and Zip Code

tyson.raw@gmail.com

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

For further information concerning this matter, please call:

Tyson Raw

at (**407**)

455-4126

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**

Slide United Motorsports, 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 8/26/2014 and assigned
Florida document number L14000133693.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Raw Performance Motorsports, LLC

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:

7506 Ranchero Street

(Principal office address MUST BE A STREET ADDRESS)

Orlando, FL 32822

Enter new mailing address, if applicable:

7506 Ranchero Street

(Mailing address MAY BE A POST OFFICE BOX)

Orlando, FL 32822

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:

Tyson Raw

New Registered Office Address:

7506 Ranchero Street

Enter Florida street address

Orlando

City

, Florida 32822

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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	Richard DeBerardinis	2847 Metro Sevilla Dr, Unit 103	<input type="checkbox"/> Add
		Orlando, FL 32835	<input checked="" type="checkbox"/> Remove
CEO	Tyson Raw	7506 Ranchero Street	<input checked="" type="checkbox"/> Add
		Orlando, FL 32822	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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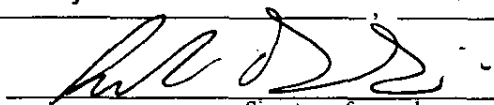
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 STATE OF FLORIDA
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 5th 2015



Signature of a member or authorized representative of a member

Richard DeBerardinis

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
15 FEB -9 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA