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COVER LETTER

	Registration Se Division of Cor			,
		otsports, LLC		
SUBJEC	T:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Melody Bennett		
			Name of Person	
			Firm/Company	•
		34 Stone Gate S		
			Address	···········
		Longwood, Fl 32779)	
		frgtigergolf@hotmail.		
		E-mail address: (to be used for future annual report notific	cation)
For furthe	r information co	oncerning this matter, please ca	all:	
Melody	Bennett		407 256-9818 at ()	
<u>. </u>	Name of	Person	Area Code Daytime	Telephone Number
Enclosed :	is a check for th	e following amount:		
\$25.00	0 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

TO ARTICLES OF ORGANIZATION OF

2014 OCT 27 PM 4: 04 GTTMototsports, 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 and assigned L14000163043 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: GTTMotorsports, 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: (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: Name of New Registered Agent: New Registered Office Address: Enter Florida street 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.

If Changing Registered Agent, Signature of New Registered Agent

Authorized Member being added or removed from our records:

$\mathbf{AMBR} = \mathbf{A}$	Authorized Member		FILER
<u>Title</u>	Name	Address	2014 OCT 27 PK 4: 04 TALLIANASSEE, FLORIDA Remove
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Page 3 of 3

Filing Fee: \$25.00

