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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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2015 DEC -7 A II: 59
SECRETARY OF STATE
AND ANASSEE, FLORIDA

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COVER LETTER

Div	ision of Corpo	rations			
SUBJECT:	Mars Motospo	orts, LLC			
Sobject.		Name of Lim			
The enclosed	l Articles of An	nendment and fee(s) are sub	omitted for filing.		
Please return	all correspond	ence concerning this matter	to the following:		
		Melisa Elliott			
			Name of Person		
		Wolfe Financial Group			
			Firm/Company		
		1515 International Pkwy S	Ste. 1001		
			Address		
		Lake Mary, FL 32746			
			City/State and Zip Code		
		ian@decnets.com			
		E-mail address: (to be used for future annual report notificat	ion) Age 2	
For further in	nformation con	cerning this matter, please o	all:	2015 DEC SECRETA	1
Melisa Ellio	tt		407 333-0355 at ()	TAR	FILED
	Name of P	erson		lephone Number	$\overline{\Box}$
Enclosed is a	a check for the	following amount:		A II: 59 IF STATE FLORIDA	0
\$25.00 F	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:

TO:

Registration Section

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

Mars 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 12/12/2014 Florida document number L14000189725 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DB Maintenance Center, LLC The new name must be distinguishable and contain 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 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = MS $AMBR = AS$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00