# L15000035519

(Re	equestor's Name)	
(Ac	dress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



600276881466

09/23/15--01006--012 \*\*25.00



SEP 2 4 2015

**3 MASON** 

#### **COVER LETTER**

## **Division of Corporations** Alabama Ventures - Huntsville, LLC SUBJECT: 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: Hank Sorensen Name of Person Alabama Ventures - Huntsville, LLC Firm/Company 3811 Ivydale Court Address Land O Lakes FL 34638 City/State and Zip Code hanksorensen@verizon.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Hank Sorensen Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

MAILING ADDRESS:

TO: → Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alabama Ventures - Huntsville, LLC						
( <u>Name of the Limited Liabil</u> (A Florid	ility Company da Limited Lia	as it now appear bility Company)	s on our recor	<u>ds.</u> )	<del> </del>	
The Articles of Organization for this Limited Liability C Florida document number L15000035519	Company w				and assigned	
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lim	nited liabili	ty company he	<u>re</u> :			
The new name must be distinguishable and contain the words "Lin	mited Liability	Company," the de	esignation "LL	C" or the abb	reviation "L.L.C."	
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDI	RESS)				<del></del>	
Enter new mailing address, if applicable:					·- <del>.</del>	
(Mailing address MAY BE A POST OFFICE BOX)	•				<del></del>	
B. If amending the registered agent and/or registered agent and/or the new registered office add		ce address on	our record	ls, <u>enter t</u>	he name of the new	
Name of New Registered Agent:						
New Registered Office Address:						
		Enter Flor	ida street addre	ess.		
			, F	, Florida		
		City			Zip Code	
New Registered Agent's Signature, if changing Registere	ed Agent:					
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	complete pagent as pr red office a	erformance of ovided for in C	my duties, c hapter 605, y confirm th	nnd I am fa F.S. Or, ij hat the limi	miliar with and f this document is ited liability	
				المستحد	T -	

Page 1 of 3

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	HS Karting I, LLC	3811 Ivydale Court	<b>■</b> Add
		Land O Lakes FL 34638	☐ Remove
			☐ Change
MGR	December Revocable Trust	3811 Ivydale Court	Add
		Land O Lakes FL 34638	<u></u>
			☐ Change
<del></del>		<del></del>	Add
			Remove
			☐ Change
	<u></u>		□ Add
			□ Remove
			☐ Change
			□ Add
			Remove  2015 Change  Change  Remove  Remove  Change  Change

f amending any other infor		_	·	-		
<u> </u>						<del></del>
<u> </u>						
		ii Alde				
					<del></del>	<del></del>
	• •		· · · · · · · · · · · · · · · · · · ·			
ffective date, if other than an effective date is listed, the date	the date of filing: must be specific and	t cannot be prior to date of filing or	op (op more than 90 days aft	<b>tional)</b> er filing.) F	ursuant to	605.020
ote: If the date inserted in this ocument's effective date on the	s block does not m	eet the applicable statutory fil	ing requirements, th	nis date w	ill not be	listed a:
		<del></del>				
e record specifies a dela The 90th day after the		ate, but not an effective	e time, at 12:01	a.m. or	n the ea	arlier o
9/21	_	2015				
ated	<del>) // '</del>	•		<u>-</u> ;	2015	
How V	0-				SS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
- www.	Signature of a m	ember or authorized representati	ve of a member	(S.5)	2	
Henry Sorensen				F G	₩ - <del></del> 1	
	,	Typed or printed name of signee		<u> </u>		
				ORIC	<del>∵</del> ∵	
•				D m	SO.	

Page 3 of 3
Filing Fee: \$25.00