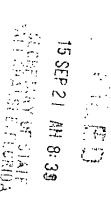
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SEP 2 2 2015 J SHIVERS **SEPTEMBER 17, 2015**

REGISTRATION SECTION
DIVISION OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FL 32314

RE: AMEND ARTICLES OF ORGANIZATION OF A FLORIDA LIMITED LIABILITY COMPANY DUE TO INCORRECT SPELLING OF COMPANY AND INCORRECT ZIP CODE

TO WHOM IT MAY CONCERN:

Please accept the attached "Cover Letter" with amendments made to articles of organization of a Florida Limited Liability Company. The need to amend is due to spelling error of company, and incorrect zip code. Please note correct name of company is **WALDOMOTORSPORTSMX**, **LLC** and correct zip code is **34479**.

I have also enclosed a check for \$30.00 for filing fee and Certificate of Status.

With this filing, I am entrusting the information provided to the IRS will also be corrected, as I received Employer Identification Number from them with the incorrect name (WOLDOMOTORSPORTSMX, LLC) and CORRECT zip code of 34479.

Sincerely.

JOHN MILLIGAN 2350 NE 40TH STREET OCALA, FL 34479

Enclosures

COVER LETTER

то:	Registration Sec Division of Corp			
CUDIE		OTORSPORTSMX, LLC		
SUBJE	CI:	Name of Limi	ited Liability Company	
The end	closed Articles of A	Amendment and fee(s) are subs	mitted for filing.	
Please 1	return all correspon	ndence concerning this matter	to the following:	
		WOLDOMOTORSPORTSMX, LLC Name of Limited Liability Company d Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: JOHN MILLIGAN Name of Person Firm/Company 2350 NE 40TH ST Address OCALA, FL 34479 City/State and Zip Code WALDOMOTORSPORTSMX@GMAIL.COM E-mail address: (to be used for future annual report notification) information concerning this matter, please call: LIGAN Name of Person Area Code Daytime Telephone Number a check for the following amount:		
			Name of Person	
			Firm/Company	
		2350 NE 40TH ST		
			Address	
		OCALA, FL 34479		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
			•	· <u></u>
		E-mail address: (to be used for future annual report notific	cation)
For fur	ther information co	oncerning this matter, please ca	all:	
JOHN	MILLIGAN		at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
□ \$ 2:	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

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

WOLDOMOTORSPORTSMX, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

es of Organization for this Limited Liability Company were filed on $\frac{03/1}{2}$	1/2015 and assigned
cument number 115000044599	
idment is submitted to amend the following:	
ending name, enter the new name of the limited liability company her	<u>re</u> :
OTORSPORTSMX, LLC	
me must be distinguishable and contain the words "Limited Liability Company," the des	signation "LLC" or the abbreviation "L.L.C."
v principal offices address, if applicable:	
office address MUST BE A STREET ADDRESS)	
w mailing address, if applicable: address MAY BE A POST OFFICE BOX)	
	
nending the registered agent and/or registered office address on	our records, enter the name of the
agent and/or the new registered office address here:	ज
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
	da street address GG CG
City	,
City	, Florida 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 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	Membe
Title	Name	

<u>Title</u>	<u>Name</u>	Address	Type of Action
		 	
			□ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			☐ Remove
			Change
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fective date, if other than the date of filing:			(optional)		
n effective date is listed, the date must be specific and cannot be price of the date inserted in this block does not meet the appliance.					
cument's effective date on the Department of State's record	ls.	ory minig require	cinents, this date with	Hot be	listed
record specifies a delayed effective date, but n	ot an effe	ective time, a	t 12:01 a.m. on	the e	arlier
The 90th day after the record is filed.					
GERMAN ARER 13					
sted SEPTEMBER 17 2015					
	<u> </u>				
Signature of a member or aut	<u> </u>	namentina - F	-b		

Page 3 of 3

Filing Fee: \$25.00