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K.S.ALY EXAMINER DEC -7 2015

## Law Office of Jamie B Greusel, Esq. Attorney at Law

1104 North Collier Boulevard Marco Island, FL 34145

Telephone: 239-394-8111 Fax: (239) 394-0549 E-mail: jamie@jamiegreusel.net

Jamie B Greusel Licensed in Florida and New Jersey

December 3, 2015

VIA FEDERAL EXPRESS 775112511027

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

Re: Gulfshore Motorsports, LLC

Dear Secretary of State:

We enclose the Articles of Amendment to the Articles of Organization and one copy thereof, together with our check in the amount of \$25.00 made payable to the Secretary of State.

Kindly forward confirmation of the filing to our office.

Sincerely

Jamie B. Greusel, Esq.

JBG/vh Enclosure

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILE	C
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GULFSHORE MOTOR	SPORTS, LLC ALLAND	Maynes
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	MARY OF STATE SSEE, FLORION
The Articles of Organization for this Limited Liability Company Florida document number _L15000063057		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:	566 Commercial Blvd.	
(Principal office address MUST BE A STREET ADDRESS)	Naples, FL 34104	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	1,000	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	······
	, Florida	
	City	ip 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

2015 DEC -4 PM 1:00

TALLAHASSEE TLURID; or removed from our records: MGR = Manager AMBR = Authorized Member **Address** Type of Action **Title** Name □ Add ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change □ Add □ Remove \_□ Change \_□ Add \_□ Remove □ Change ☐ Add ☐ Remove \_□ Change ☐ Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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Effecti	ve date, if other than the date of filing: (optional)
r an erro Note:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
locum	ent's effective date on the Department of State's records.
ne rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
	90th day after the record is filed.
Dated_	<u>December</u> 3 , 2015 .
	$\sim$ $\sim$ $\sim$
	tames Mayer
	Signature of a member of authorized representative of a member
	James Mayer, AMBR
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00