<u>L15000 [15692</u>

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J SHIVERS

COVER LETTER

Division of Corp	porations						
CLRDHOT SUBJECT:	T! MOTORSPORTS LLC						
Name of Limited Liability Company							
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.						
Please return all correspon	ondence concerning this matter to the following:						
	DANIEL SANTOS						
	Name of Person	_					
	CLRDHOT! MOTORSPORTS LLC						
	Firm/Company	_					
	2300 SW I AVE						
	2300 SW 1 AVE Address						
	MIAMI, FL 33129						
	City/State and Zip Code	_					
	DANIEL@CLRDHOT.COM						
	E-mail address: (to be used for future annual report notification)						
For further information co	concerning this matter, please call:						
DANIEL SANTOS	305 595-9605						
Name of Person at () Area Code Daytime Telephone Number		er					
Enclosed is a check for th	he following amount:						
\$25.00 Filing Fee	(additional copy is enclosed) Certifie	Filing Fee, cate of Status & cd Copy (all copy is enclosed)					

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLRDHOT 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 $\frac{07/06/2015}{1}$ and assigned Florida document number L15000115692 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CLRDHOT! MOTORSPORTS 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 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

or removed f	rom our records:	5 · 1.	
MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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Effective date, if other than the date	a of filings				َحِيْ (antional)		
If an effective date is listed, the date must be s	pecific and canno	t be prior to dat	e of filing or m	ore than 90 day	s after filing.) Purs	uant to 6	05.020
Note: If the date inserted in this block of document's effective date on the Depart			tatutory filin	g requirement	s, this date will r	not be li	sted a
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The 90th day after the record Dated AUGUST 30	201			<u> </u>			

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Filing Fee: \$25.00