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BRIICE

#### **COVER LETTER**

	gistration Sec vision of Corp		. •	•				
SUDIECT		MOTORSPORTS LLC						
SUBJECT:								
The enclosed	d Articles of A	amendment and fee(s) are sub	mitted for filing.					
Please return	all correspon	dence concerning this matter	to the following:					
		DANIEL R. SANTOS						
			Name of Person	<del></del>				
			Firm/Company					
	5781 COMMERCE LN							
			Address					
		MIAMI, FL 33143						
		DANIEL@CLRDHOT.CO	City/State and Zip Code					
		E-mail address: (	to be used for future annual report notific	ation)				
For further i	nformation co	ncerning this matter, please c	all:	ation)				
DANIEL R	. SANTOS		305 661-7711 at ( )	72				
	Name of	Person		Felephone Number 17				
Enclosed is	a check for the	e following amount:						
\$25,00 [	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:

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! 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, efter: the hame registered agent and/or the new registered office address here: U  $\nabla$ Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 = Ma AMBR = Au	AGR = Manager  MBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
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Page 3 of 3

Filing Fee: \$25.00