L15000179309

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MORETARY OF STATE
ARCHITERES OF LORIDA

JAN 0 5 2016

S MASON



SUBJECT: Street Roewing feathermie LLC

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:

George Ferdette
Name of Person
GTACK + RACING SCAKENERS LLC
4811 Lyons Telle Pkuy
Address
Coconut Crack ft 330)3
C:ty/State and Zip Code
bucky C 5 the paring for Cumare C 6 mars 1. com
w used for luture annual report notification)

For further adomination concerning the state please call:

George Fendathe	at (56/)	997.4108	
Name of Person	Area Code	Daytime Telephone Number	

Enclosed is a check for the 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

Street Racing Performance L.L.C.

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

(A Florida Lin	nited Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number <u>L1500017930</u>	pany were filed on $\frac{10/21/2015}{2}$	and assigned
This immendment is submitted to amend the following.		
A. If amending name, enter the new name of the limited	liability company here:	
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 ADDRES.	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAYBE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent		ent in manie of the new
New Registered Office Address		
	Enter Florida street o	address
	Citv	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent	•	<i>Σι</i> ρ Code
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaceept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	l agree to act in this capacity plete performance of my dutic t as provided for in Chapter	es, and I am Jamiliar with and 605. F.S. On, if this document is method lightly

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
AMBR	Matthew N. Schnell	655 SW 1st Ave Boynton Beach FI	Add
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