## L15000199180

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	<u> </u>

Office Use Only



000304246180

11/07/17--01039--011 \*\*25.00

ÉGÁLTAKY OF STATE ALI AHASSEE, FLORIDA

> S. WARREN NOV 0 9 2017

## **COVER LETTER**

TO: Registration Se Division of Cor			
	TORE.COM, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	KATIE SHENKO		
		Name of Person	
	MOTORSPORT NETWO		
		Firm/Company	
	5972 NE 4TH AVENUE		
		Address	
	MIAMI, FL 33137		
		City/State and Zip Code	
	KSHENKO@MOTORSPO		, , , , , , , , , , , , , , , , , , ,
	E-mail address: (	to be used for future annual report notifi	ication)
For further information	concerning this matter, please co	all:	
KATIE SHENKO		954 504-0123 at ()	
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)
MAII	LING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liability Compa Florida Limited I	iny as it now appears on our records.) Liability Company)
ility Company 	were filed on 11/25/2015 and assigned
ing:	
ıe limited liab	ility company here:
ds "Limited Liabi	lity 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)	
e address her	rsport Network, LLC
	Enter Florida street uddress
MIAMI	, Florida 33137 City Zip Code
	ility Company ing:  ing:  is "Limited Liabile:  ADDRESS)  registered of address her  Motor

## 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
Page 1 of 3

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
MGR	MIKE ZOI	5972 NE 4TH AVENUE	
		MIAMI, FL 33137	☐ Remove
			☐ Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			_ □ Change
			Add
			Remove
			Remove  17 Ne  17 PH 15  13 CO Charge  FILED  FILED  Change

<del></del>		
, ,		
- <del> </del>		
ffective date, if other than the da	te of filing:(opt specific and cannot be prior to date of filing or more than 90 days after	tional)
Note: If the date inserted in this block locument's effective date on the Department.	does not meet the applicable statutory filing requirements, the timent of State's records.  Frective date, but not an effective time, at 12:01	is date will not be listed as
OCTOBER 12	2017	
Pated	· .	
	Katie Shenko	三三 二
Sig	nature of a member or authorized representative of a member	<b>NO</b> 1
KATIE SHENKO		I SSS
	Typed or printed name of signee	V-7 PM
	Page 3 of 3	PM 12: 5 OF STATE, FLORIE

Filing Fee: \$25.00