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D. BRUCE DEC 28 2016

KNOWLTON LAW FIRM, P.L.

HORACE A. KNOWLTON IV, ESOUIRE

805 W. AZEELE STREET
TAMPA, FLORIDA 33606
(813) 253-3013
(813) 387-3050 FAX
KNOWLTONLAWFIRMPL@GMAIL.COM

December 20, 2016

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

Re: Filing of Articles of Amendment

Dear Sir/Madam:

Please find enclosed an original Articles of Amendment to Articles of Organization for Ratastrophic Racing II, LLC and my law firm check in the amount of \$25.00 for the filing fee.

Please file the Articles of Amendment. Thank you for your attention and cooperation in this matter. If you have any questions, please contact my office.

Very Truly Yours,

Horace A. Knowlton, !V

ÁRTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RATASTROPHIC RACING II, LLC

	•				
(Name of the Limited Liability Compar (A Florida Limited L	<u>ny as it now apo</u> Jability Compan	ears on our recoi y)	<u>-ds.</u>)		
The Articles of Organization for this Limited Liability Company	were filed on	January	4, 2016	_ and assigned	
Florida document number <u>L16000002220</u>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	ility company	here:			
GALT'S GULCH RACIN	-				
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," th	e designation "LL	.C" or the abbre	viation "L.L.C."	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)				<u> </u>	
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	, , ,			<u> </u>	
				99	
			±in	BC T	7
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	Tice address	on our recor	ds, <u>enter th</u>	e name of the	<u>e</u> new
TELEMETER AGENT AND ST. VIVO NEW TOLERANDES	-		ن الله الله الله الله الله الله الله الل	ת ס	7
Name of New Registered Agent:			10. 10.	ŭ D	7
			5	2	
New Registered Office Address:	Enter I	Florida street addr	692	<u>~</u>	
	The state				
	City	, .	Torida	Zip Code	_
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office	performance provided for i	of my duties, i n Chapter 605	and I am fan 5, F.S. Or, if	niliar with and this document	1

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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	
			□ ∧dd	
			□ Remove	
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D. If amending any other information, enter change(s) here: (Attach o	aaamonai sneeis, ij necessary.)
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E. Effective date, if other than the date of filing:	> ► ► (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of film Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	ng or more than 90 days after filing.) Pursuant to 605.0207 (3 ry filing requirements, this date will not be listed as th
If the record specifies a delayed effective date, but not an effective the filed.	tive time, at 12:01 a.m. on the earlier of:
Dated December / 2016	
Signature of a member or authorized represe	entative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00