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(Re	equestor's Name)	
(Ad	ddress)	
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(Ci	ity/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bi	usiness Entity Nan	ne)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	EA Motor	Sports Draited Liability Company	BA Sarasola CAR	; + Trucks
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		an Wender f Name of Person		
	t	Firm/Company	rt DBA Saras	ota Carst Trucks
	H652	Fruituille Rou Address	.d	_
	Sa E-mail address: (City/State and Zip Code	4232 sf/ 2 ama/. C	19 0CT 25
For further information	concerning this matter, please co		topini inamopatym,	25 PH 57 CH
Brian Name	Wendorf of Person	at (<u>GNI</u>) Area Code	284- /243 Daytime Telephone Numb	2: 5
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee of Certified Copy (additional copy is enc	Certific closed) Certific	Filing Fee, cate of Status & ed Copy nat copy is enclosed)
Regist Divisi	JNG ADDRESS: ration Section on of Corporations lox 6327	Registrat	T/COURIER ADDRESS: tion Section of Corporations Building	

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E.A. Motorsa	orts LLC	<u> </u>
(<u>Name of the Limit&d</u>) (Å	Liability Company as it now appears on o Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liab Florida document number <u>LL 0000464</u>	ility Company were filed on $_{}3/$	7/16 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the ner
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	tet address
-	7 Va	, Florida
	City	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MEM MGR	Johnny Rodriguez	6511 Rosehill Farm Run	S Add
	3	6511 Rosehill Farm Run Lakewood Ranch Fl 34211	□ Remove
			Change
			□ Remove
			Change
		-	
			☐ Remove
			Change
			Add
			Remove
			Change
			D Add
			B Remove
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l'ffecti	(ve date if other than the date of filing) (optional)
Note:	ive date, if other than the date of filing:
e red The	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on 90th day after the record is filed.
Dated	10 /24/ 19
	Signature of a member of authorized representative of a member Typed of printed name of signee
	Signature of a incurrent expansion of a member

Page 3 of 3

Filing Fee: \$25.00