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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

BAVARIA SUBJECT:	N REENSPORT, LLC				
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	SHAWN A. WELK				
		Name of Person	<u>-</u>		
	BAVARIAN RENNSPOR	T, LLC			
		Firm/Company			
	2027 MAYPORT RD LOFT C				
	JACKSONVILLE, FLOR	IDA 32233			
	SHAWNWELK@GMAIL.	City/State and Zip Code COM			
	E-mail address: (	to be used for future annual report notific	ation)		
For further information of	concerning this matter, please c	all:			
SHAWN A. WELK		904 610-9223 at ( )			
Name o	of Person		Telephone Number 2018		
Enclosed is a check for the	he following amount:		25 \$88		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copys (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

## BAVARIAN REENSPORT, 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 04/18/2016 and assigned Florida document number L16000075792 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: **BAVARIAN RENNSPORT, LLC** The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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.

New Registered Agent's Signature, if changing Registered Agent:

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
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Filing Fee: \$25.00