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COVER LETTER

TO: Registration S Division of Co			
OTTE TELOP	utosport, LLC	÷ 🐧	
		ited Liability Company	
		•	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jon Polenberg		
		Name of Person	
	Polenberg Cooper, PLLC		
		Firm/Company	·
	1351 Sawgrass Corp. Pkwy	y, Ste. 101	
	•	Address	
	Ft. Lauderdale, FL 33323		
		City/State and Zip Code	
	E-mail address: (to be used for future annual repor	t notification)
For further information of	concerning this matter, please ca	all:	
Jon Polenberg		954 634-027	72
Name o	of Person	at () Area Code Da	aytime Telephone Number
Enclosed is a check for t	he 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 enclose

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

Capristo Autosport, 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 May 2, 2016 __ and assigned Florida document number L16000086037 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Capristo Autosports, LLC 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 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 Florida

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Name</u>	Address	Type of Action
Andrea Taurino	4188 Westroads Dr.	bbA ≅
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more th Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	(optional) an 90 days after filing.) Pu uirements, this date wi	ursuant to 60 ll not be lis	05,020 sted as
ne record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	, at 12:01 a.m. on	the earl	lier o
Dated May 31 2016			
Signature of a member or authorized representative of a r	member		
Digitalist of a monitor of a representative of a r			

Page 3 of 3

Filing Fee: \$25.00