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COVER LETTER

TO:		fistration Sec ision of Corp					
21/1/11	verr.	AFT Events	, LLC				
SUBJI	:CI;		Name of Lim	ned Liability Company			
The en-	closed	I Articles of A	tmendment and fee(s) are sub	mitted for filing.			
Please	return	all correspon	idence concerning this matter	to the following:			
			Rebecca Cunningham				
			AFT Events, LLC	Name of Person	,		
			525 Fentress Blvd., Suite B	Firm/Company			
			Daytona Beach, FL 32114	Address			
			City/State and Zip Code bcunningham@amaproracing.com E-mail address: (to be used for future annual report notification)				
For fur	ther î	nformation ce	E-mail address: (neerning this matter, please ca		nual report nonne	nation)	
Rebed	cca C	unningham		386	944-7665		
		Name of	Person	Area Code	Daytime 1	Telephone Number	
Enclos	ed is	a check for the	e following amount:				
₩ \$2	5.00 1	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing I Certified Cop (additional copy	y	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		MAILI	NG ADDRESS:	STR	EET/COURIE	R 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, Ft. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AFT Events, LLC		
(Name of the Lim	ited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
the Articles of Organization for this Limited I Horida document number L160000086273	.iability Company were filed on $rac{\mathbb{A}}{2}$	May 2, 2016 and assigned
his amendment is submitted to amend the fol	lowing:	
. If amending name, enter the new name of	of the limited liability company	<u>here</u> :
ne new name must be distinguishable and contain the	words "Limited Liability Company," the	edesignation "L.L.C." or the abbreviation "L.L.C."
inter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADD <u>RE</u> SS)	
nter new mailing address, if applicable:		7m - 1 [
Mailing address MAY BE A POST OFFICE	BOX)	
		5 -
If amending the registered agent and egistered agent and/or the new registered or		m our records, enter the name of the
Name of New Registered Agent:	Rebecca Cunningham	
New Registered Office Address:	525 Fentress Blvd, Suite B	
	Enter Fi	lorida street address
	Daytona Beach	Florida 32114
	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>	<u>Address</u>	Type of Action
MGR	Melanson, Stacey	525 Fentress Blvd, Suite B Daytona Beach, FL 32114-1209	
			Remove
			☐ Change
			D Add
			□ Remove
			Change
			Add
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			↑ ☐ Change
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fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days aft	tional) er filing.) Pursuant	to 605.0)207 (3
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	ns date will not t	se listet	a as ir
			_
ne record specifies a delayed effective date, but not an effective time, at 12:01. The 90th day after the record is filed.	a.m. on the	earlie	r of:
October 31st 2019			

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Typed or printed name of signee

Filing Fee: \$25.00