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# **COVER LETTER**

#### Registration Section TO: **Division of Corporations**

#### AMALGAM USA, LLC

SUBJECT:

;

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KATIE SHENKO

Name of Person

MOTORSPORT NETWORK

Firm/Company

5972 NE 4TH AVENUE

Address

MIAMI, FL 33137

		City/State and Zip Code				
	KSHENKO@MOTORSPO	RT.COM	-	: :	<b>ب</b>	
	E-mail address: (	to be used for future annual re			1 1 1	-11
For further information co	oncerning this matter, please co	dl:			·····	<b>ز ا</b> مسبوری مسبوری
KATHE SHENKO		954 504- at ( )	0123		<u>`</u>	ΓΠ.
Name of	Person	Area Code	Daytime Telephone Numbe		() ?? 5	0
Enclosed is a check for th	e following amount:				ىت	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Fi Certifica	iling Fee. ate of Stati	us &	

(additional copy is enclosed)

Certified Copy (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

## AMALGAM USA, 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 07/21/2016	and assigned
Florida document number L16000136850	

This amendment is submitted to amend the following:

### A. If amending name, enter the new name of the limited liability company here:

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) 5972 NE 4TH AVENUE

MIAMI, FL 33137

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5972 NE 4TH AVENUE

MIAMI, FL 33137

22 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: ----2

Name of New Registered Agent:	Motorsport	Network LLCT
New Registered Office Address:	5972 NE 4TH AVENUE	
	Enter Fle	rida street address 👘 🕥
	MIAMI	, Florida 33137
	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, <u>enter the title, name, and address of each person</u> 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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		MIAMI, FL 33137	
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**' D'** If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00