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COVER LETTER

Division of Corp			
SIGAL MO SUBJECT:	TOSPORTS L.L.C.		
SUBJECT.	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	GIUSEPPE LAGANA		
		Name of Person	
m - madde	SIGAL MOTOSPORTS L.	L.C.	,
		Firm/Company	
	7140 NW MIAMI COURT		
		Address	
	MIAMI, FL 33150		
	glagana@espressomade.com	City/State and Zip Code	
		be used for future annual report notific	ation)
For further information co	oncerning this matter, please cal	11:	
GIUSEPPE LAGANA		305 582,9581	
Name of	Person	Area Code Daytime	Celephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	CI \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & 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

SIGAL MOTOSPORTS L.L.C.		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records nited Liability Company)	.)
The Articles of Organization for this Limited Liability Com Florida document number	pany were filed on 07/25/2016	and assigned
This amendment is submitted to amend the following:	·	مسا ته د د
A. If amending name, enter the new name of the limited	liability company here:	
SIGAL MOTORSPORT 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:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS		
		~
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
-		35 30 35 0
B. If amending the registered agent and/or registered		enter the name of the new
registered agent and/or the new registered office address	nere:	
Name of New Registered Agent:	<u>-</u>	
New Registered Office Address:		
	Enter Florida street address	
	. Flor	ida
	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

MGR = Manager AMBR = Authorized Member Title Title **Name** Address Type of Action DAVID GIOACCHINI ☐ Change ESSANDAD RODA 533 HERIDIAN AVENUE ☐ Change AMBR SHONE TREPRICCION 1150 EULLID AVENUE ☐ Change □ Add ☐ Remove □ Change □ Add 😭 ري ____Remove ☐ Change □ Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

Fective date, if other than the date of filing: (optional) in effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursiant to 605.0207 (3)(b		,	•		
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