## L16000 177611

| (Requestor's Name)  (Address)  (Address)                            | 700290837337             |
|---|--------------------------|
| (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name) | 10/03/1601032026 **25.00 |
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## **COVER LETTER**



| SUBJECT:                    | G MOTOR   | SPORT   |  |
|-----------------------------|---|---|--|
|                             | Name of Lim                                     | ited Liability Company  |  |
|                             |   |   |  |
| The enclosed Articles of A  | amendment and fee(s) are sub                    | mitted for filing.  |  |
| Please return all correspon | dence concerning this matter                    | to the following:   |  |
| ·                           | Ü   | Ŭ   |  |
|                             |   | JON GROOM   |  |
|                             |   | Name of Person  |  |
|                             |   |   |  |
|                             |   | Firm/Company  | <del> </del>   |
|                             | 5436  | HIRISCUS ALE  |  |
|                             |   | HBISCUS AVE<br>Address  |  |
|                             | PORT  | OFANGE FC 3 City/State and Zip Code                                 | 2(27   |
|                             |   |   |  |
|                             | E-mail address: (                               | to be used for future annual report                                 | notification)  |
| For further information co  | ncerning this matter, please c                  | all:  | <b>w</b> w.ejr   |
| JON                         | GROOM   | at ( <u>252</u> ) <u>60</u><br>Area Code Da                         | ytime Telephone Number   |
| Name of                     | Person  | Area Code Da  | ytime Telephone Number   |
|                             |   |   | On the second se |
| Enclosed is a check for the | e following amount:                             |   |  |
| \$25.00 Filing Fee          | □ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 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

|  | G MOTOR SPORT  |                                       |  |
|--|--|---------------------------------------|--|
| (Name of the Limited Liab<br>(A Flori                          | lity Company as it now appears of<br>da Limited Liability Company) | on our records.)                      |  |
| The Articles of Organization for this Limited Liability        | Company were filed on  | 9/23/16                               | and assigned                           |
| Florida document number <u>L16 000 1776</u>                    | Ц.   |                                       |  |
| his amendment is submitted to amend the following:             |  |                                       |  |
| A. If amending name, enter the new name of the lin             | nited liability company here                                       | <b>:</b>                              |  |
| The new name must be distinguishable and contain the words "Li | ORSBORT LLC  | · · · · · · · · · · · · · · · · · · · |  |
| The new name must be distinguishable and contain the words "Li | mited Liability Company," the desi                                 | gnation "LLC" or the ab               | breviation "L.L.C."                    |
| Enter new principal offices address, if applicable:            | **************************************                             | · · · · · · · · · · · · · · · · · · · | ************************************** |
| Principal office address MUST BE A STREET ADL                  | RESS)  |                                       |  |
|  |  |                                       |  |
| Enter new mailing address, if applicable:                      |  |                                       |  |
| Mailing address MAY BE A POST OFFICE BOX)                      | <del></del>  |                                       |  |
| Manney marress MAT BLATOST OFFICE BOX                          | · · · · · · · · · · · · · · · · · · ·                              |                                       |  |
|  | <del></del>  | · · · · · · · · · · · · · · · · · · · |  |
| B. If amending the registered agent and/or reg                 |  | our records, <u>enter</u>             | the name of the ne                     |
| registered agent and/or the new registered office ad           | <u>dress here</u> :  | ;<br>                                 |  |
|  |  | F. 3                                  |  |
| Name of New Registered Agent:                                  |  |                                       | · · · · · · · · · · · · · · · · · · ·  |
| New Registered Office Address:                                 |  |                                       |  |
|  | Enter Florida  | a street address                      |  |
|  |  | , Florida                             |  |
|  | City   | 5 5                                   | Zip Code                               |
| New Registered Agent's Signature, if changing Register         | ed Agent:  | 第 21                                  |  |

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 = M $AMBR = A$ | anager<br>uthorized Member   |             |                          |
|--------------------|--|-------------|--------------------------|
| <u>Title</u>       | Name   | Address     | Type of Action           |
|                    |  |             |                          |
|                    |  |             | □ Remove                 |
|                    |  |             |                          |
|                    |  |             | □ Add                    |
|                    |  | <del></del> | □ Remove                 |
|                    |  | <del></del> | □ Change                 |
|                    |  |             | Add                      |
|                    |  |             | Remove                   |
|                    |  |             | □ Change                 |
|                    | ANTERIOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CO |             | □ Add  Remove            |
|                    |  |             | Change  A Change  Remove |
|                    |  |             | Change                   |
|                    |  |             | □ Add                    |
|                    |  |             | □ Remove                 |
|                    |  |             | Change                   |

| f amendin         | ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |
|-------------------|--|
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| fective d         | date, if other than the date of filing: (optional)   |
| <u>ote:</u> If th | re date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.07 are date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed   |
| ocument's         | s effective date on the Department of State's records.   |
| e record          | specifies a delayed effective date, but not an effective time, at 12:01 amison the earlier   |
| The 90t           | th day after the record is filed.  |
|                   | Ministration of the Control of the C |
| ated              | Jeprenber 24, 2016.  |
|                   |  |
| -                 | Signature of a-member or authorized representative of a member   |
|                   | Ton Groom  |
| _                 | Typed or printed name of signee  |

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