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SECRETARY OF STATE
DIVISION OF CORPORATION

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COVER LETTER

· Division of Cor	porations		
TEAM FLO	ORIDA TRACK CLUB LLC		
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Thomas G. Pye		
	 	Name of Person	
	Pye Law Firm, PA		
		Firm/Company	
	3909 W Newberry Road, S	uite C	
		Address	,
	Gainesville, Florida 32607		
		City/State and Zip Code	
	tom@pyelaw.com		
		to be used for future annual report notifi	cation)
For further information c	concerning this matter, please ca	all:	
Tom Pye		352 381-9799 at ()	
Name o	of Person	Area Code Daytime	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 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

TEAM FLORIDA TRACK CLUB LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limi	ited Liability Company)			
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{L16000186964}{L16000186964}$.	any were filed on 10.10 .	2016	_ and assig	л е d
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 L	iability Company," the desig	gnation "LLC" or the abbre	viation "L.L.	C."
Enter new principal offices address, if applicable:	·		<u> </u>	
(Principal office address MUST BE A STREET ADDRESS	5)		ಫ .	
			MA	SCS
			1	97
Enter new mailing address, if applicable:			_	COR YE
(Mailing address MAY BE A POST OFFICE BOX)			- 5	200
INAMES WITH THE PARTY OF THE PA		 ·	<u>က်</u>	35
			(i)	**
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ur records, <u>enter th</u>	e name of	the nev
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida	street address		
		, Florida		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Reg	ent:			
	_			

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>	Name	Address	Type of Action
AMBR	Nadler, Angela	7048 NW 52ND TERFI	= Add
		Gainesville, Florida 32653	□ Remove
			Change
			Remove
			Change
			□ Add
			□ Remove
			☐ Change
			Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
		- Ar-Articulum (PAR-ART) - 544 man (PAR-ART) - 444	Change
			☐ Add
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	***************************************		□ Add
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other than the date of filing: listed, the date must be specific and cannot be prior to date of filing or more than	(optional)
inserted in this block does not meet the applicable statutory filing requi	irements, this date will not be list
ive date on the Department of State's records.	
fles a delayed effective date, but not an effective time, a ster the record is filed.	at 12:01 a.m. on the earli
23-18	
<u> </u>	
Signature of a member or authorized representative of a me	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00