LICO00194576

| (Red | questor's Name) | |
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| PICK-UP | WAIT | ss) tate/Zip/Phone #) WAIT MAIL ess Entity Name) ment Number) Certificates of Status |
| (Bus | siness Entity Nar | ne) |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

D. BRUCE NOV 1 4 2016

COVER LETTER

| TO: Registration Se Division of Cor | | | | |
|--|--|---|---|-----------------|
| | ORSPORTS LLC | | | |
| SUBJECT: | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | Maryann Pezzera | | | |
| | | Name of Person | | |
| | FMP Motorsports LLC | | | |
| Firm/Company | | | | |
| | 1255 Belle Ave. Suite 153 | | | |
| | | Address | | |
| | Winter Springs FL 32708 | | | |
| | | City/State and Zip Code | - · · · · · · · · · · · · · · · · · · · | |
| | FMPMOTORSPORTS@G | | | |
| | E-mail address: (| to be used for future annual report notifi | cation) | |
| For further information c | oncerning this matter, please co | all: | | |
| Maryann Pezzera | | 407 765-0483 | | |
| Name o | f Person | | Telephone Number | |
| | | | 2016 Number ALLA | -77 |
| Enclosed is a check for the | he following amount: | | NOV 1 AHASS | lanen atanta |
| □ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certificate Copy (additional copy) copy (additional copy) | FILED |

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

CLAR MOTOR CROPTE LLC

company has been notified in writing of this change.

| FMF MOTORSFORTS ELC |
|--|
| (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 OCT.21,2016 and assigned Florida document number LL6000194576 This amendment is submitted to amend the following: |
| 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 "L.L.C." |
| Enter new principal offices address, if applicable: |
| (Principal office address MUST BE A STREET ADDRESS) |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: |
| |
| Name of New Registered Agent: |
| New Registered Office Address: |
| Enter Florida street address ADD OV Florida STREET ADDRESS ADD |
| 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 somply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and |

If Changing Registered Agent, Signature of New Registered Agent

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

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> | Address | Type of Action |
|---------------------|--------------|------------------------------------|--|
| MGR Maryann Pezzera | | 6302 Brenton pointe cv.Orlando, Fl | |
| | | | Remove |
| | | | Change |
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| <i>(</i>) | Signature | of a member or auth | onzeu representative | or a member | | |
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Page 3 of 3

Filing Fee: \$25.00