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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Venom Mo	toe Sports ted Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Venom	Name of Person  Motor Spor  Firm/Company  ST Fletcher S  Address	ts uc
	VENOMD E-mail address: (	City/State and Zip Code  O 47 P G M4  To be used for future annual report notified	il-Com
For further information of	oncerning this matter, please ca	all:	
Victor	DEXTER	at (467) 460 - Area Code Daylime	-2834 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

Venommotorspa	orts "Lic"
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000021200</u> .	were filed on 126 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Venom Wotor Sport	
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	101 GAST Fletcher STEECT
(Principal office address MUST BE A STREET ADDRESS)	KISSIM MEE FL 34744
Enter new mailing address, if applicable:	101 EAST FICTCHER STREET
	161551MMEE PL 34744
(Mailing address MAY BE A POST OFFICE BOX)	ILI SSIMMEE PE SUITAT
B. If amending the registered agent and/or registered of	fice address on our records enter the name of the new
registered agent and/or the new registered office address here	
•	TO THE FAIR
Name of New Registered Agent:	
	28
New Registered Office Address:	Enter Florida street address
	Plackla
	, Florida

#### 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, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	Sanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00