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## **COYER LETTER**

TO: Registratio Division of	on Section f Corporations		
	ORSPORT TV PRODUCTIONS, LLC		
SUBJECT:	Name of Limited Liability Company		
	es of Amendment and fee(s) are submitted for filing.  Tespondence concerning this matter to the following:		
	KATIE SHENKO		
	Name of Person		
	MOTORSPORT NETWORK		
	Firm/Company		
	Address		
	MIAMI, FL 33137		
	City/State and Zip Code		
	KSHENKO@MOTORSPORT.COM  E-mail address; (to be used for future annual report notification)	<b>三</b>	
For further information	ion concerning this matter, please call:	TALLAPASSI	
KATIE SHENKO		85. 7	,
Nar	art () area Code Daytime Telephone Number		( "
Enclosed is a check f	for the following amount:	55	
■ \$25,00 Filing Fee	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Certified Copy	e of Status &	

MAILING ADDRESS:

• 1

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

MOTORSPORT TV PRODUCTION	ONS, LLC				
( <u>Name of the Lim</u>	ited Liability Compa (A Florida Limited)	iny as it now app Liability Compar	pears on our record y)	<del>7"</del> )	
The Articles of Organization for this Limited I Torida document number $\frac{1.17000025822}{1.17000025822}$	Liability Company	were filed on	02/01/2017	a	and assigned
his amendment is submitted to amend the fol	lowing:				
a. If amending name, enter the new name of	of the limited liab	oility company	here:		
he new name must be distinguishable and contain the	words "Limited Liabi	_ lity Company,'' tl	ne designation "LLC"	or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)			H AVENUE		
		MIAMI, FL 33137			
nter new mailing address, if applicable:			H AVENUE		_
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI, FL			
3. If amending the registered agent and egistered agent and/or the new registered o			on our records	enter the	
Name of New Registered Agent:	Motor	Sport,	Wetwork	Jec 0	
New Registered Office Address:	5972 NE 4TH /		Florida street address		, <u>Л</u>
	MIAMI	ismir i		orida <u>33137                                  </u>	
		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

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
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reffective date is listed, the date must be :	specific and cannot be prior	r to date of filing or n	ore than 90 days al	itional) ter filing.)	اب. Purşuant to	5 605. <mark>0</mark> 2
te: If the date inserted in this block cument's effective date on the Depar	does not meet the applic			-		listed :
ament s effective date on the isepar	unencor state s records			\$	.5	
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record specifies a delayed eff he 90th day after the record	is filed.	ot an effective i	ime, at 12:01	ı a.m. o	n the e	arlier
october 12	2017					
		_ 				
	Katia	Shenko				
	ature of a member or auth					_

Page 3 of 3

Filing Fee: \$25.00