17000028270

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SECRETARY OF STATE
TALLAHASSEE, FL

APR 11 AN 6: 22

O SIMMONS APR 28 2022

COVER LETTER

TO: Registration S Division of Co			<i>;</i> •		
	d Offshore				
SUBJECT:					
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Rob Hardman				
		Name of Person			
	Race World Offshore LLC	.			
		Firm/Company			
	22 Emerald Dr				
	Address				
	Key West, FL 33040				
		City/State and Zip Code			
	reggaerob@aol.com				
	E-mail address:	to be used for future annual report not	ification)		
For further information of	concerning this matter, please o	all:			
Rob Hardman		708 473-4400			
Name o	of Person	at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for t	the following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre	<u>ss:</u>	Street Address:			

Registration Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT FILED TO ARTICLES OF ORGANIZATION APR 11 AH 6: 23

Race World Offshore LLC SECRETARY OF STATE TALLAHASSEE, FL

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

(A Florida Limited Liability Company)

(A rionda Lim	nited Liability Company)			
The Articles of Organization for this Limited Liability Comp Florida document number <u>L17000028270</u>	pany were filed on	and assigned		
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	on "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	<u></u>			
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>			
	 			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records,	, <u>enter the name of the new register</u>		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Flor			
	City	, Florida		
New Registered Agent's Signature, if changing Registered Ag	<u>zent:</u>			
I hereby accept the appointment as registered agent and	agree to act in this capacit	ty. I further agree to comply with th		

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 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	Rob Hardman	22 Emerald Dr	\alpha \alpha \dd
		Key West, FL 33040	□ Remove
			□Change
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
			□Add
			□Remove
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			□Remove
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Filing Fee: \$25.00