(Requestor's Name)	
(Address)	
(Address)	200304246082
(City/State/Zip/Phone #)	
	11/07/1701039001 ★★25.00
(Business Entity Name)	
(Document Number)	
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Special Instructions to Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations

MOTORSPORT TV WINDSOR PRODUCTIONS, LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KATIE SHENKO

Name of Person

MOTORSPORT NETWORK

Finn/Company

5972 NE 4TH AVENUE

Address

MIAMI, FL 33137

City/State and Zip Code

KSHENKO@MOTORSPORT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATIE SHENKO

Name of Person

954 504-0123

Area Code Daytime Telephone Number

Enclosed is a check for 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 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 то ARTICLES OF ORGANIZATION OF

MOTORSPORT TV WINDSOR PRODUCTIONS, LLC

(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 $\frac{03/03/2017}{2}$ and assigned Florida document number _____

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) 5972 NE 4TH AVENUE

MIAMI, FL 33137

5972 NE 4TH AVENUE

MIAMI, FL 33137

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:	Molorsport	Network, LLC	
New Registered Office Address:	5972 NE 4TH AVENUE Enter Florida street address		
	MIAMI	, Florida	
	Citr	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.



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It amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

· •

<u>Title</u>	Name	Address	Type of Action
MGR	MIKE ZOI	5972 NE 4TH AVENUE	🛛 Add
		MIAMI, FL 33137	Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets. if necessary.) ,

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E. Effective date, if other than the date of filing: ______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

OCTOBER 12 Dated

2017

Katis Shenko

Signature of a member or authorized representative of a member NOV -7 PM 12: 53 KATIE SHENKO ASSEE FILED Typed or printed name of signee Page 3 of 3 Filing Fee: \$25.00