L17000149239

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COVER LETTER

TO:		ation Sec n of Corp		_	
		5 Racing I	.LC		_
SUBJEC	СТ:			ted Liability Company	<u> </u>
The encl	losed Ar	rticles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please re	eturn all	correspon	idence concerning this matter t	o the following:	
			Shereef Khalil, CEO & Pre	sident	
			-	Name of Person	
			Seven Thirty-Five Consulti	ng LLC	
				Firm/Company	
			5873 NW Leghorn Avenue		
				Address	
			Port Saint Lucie, FL 34986		
				City/State and Zip Code	
			shereef@735racing.com	to be used for future annual repo	het notification)
For furt	her info	rmation co	oncerning this matter, please ca		nt notification)
Shereef	Khalil,	CEO & P	resident	305 915-07	775
		Name of	Person		Daytime Telephone Number
Enclose	ed is a ch	neck for th	e following amount:		
■ \$25	5.00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section		Street Addr Registratio			
Division of Corporations		Division of	Division of Corporations		
		Box 632 hassee - F	7 FL 32314	·	e of Tallahassee Ionroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

735 Racing LLC

2020 AUG -4 PH 4: 29

(A Florid	a Limited Liability Company)	TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Ω	Company were filed on 7/12/2	017 and assigned
Florida document number L17000149239		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	:
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the desig	enation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD.	RESS)	<u> </u>
	-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	-	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ords, enter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		, Florida Zip Code
New Registered Agent's Signature, if changing Register	City	гір Соае

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
CEO	Shereef Khalil		
			□Remove
			🗖 Add
			□Remove
			☐ Change
			□Remove
			Change
			□Add
			Remove
			Change
			□Add
			□Remove
			Change
			□Remove

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. Effective date, if other than t	() the date of filing:	7/11/2017		(optional)	
(If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	must be specific and can s block does not meet	the applicable		nan 90 days after filing	.) Pursuant to 605.0207 (3)(
the record specifies a delayed effectord is filed.	ctive date, but not an o	effective time,	at 12:01 a.m. on th	e earlier of: (b) Th	ne 90th day after the
Dated July 31	_	020 .			
_ Sherey	1 111	/	PRESIDENT d representative of a		

Typed or printed name of signee