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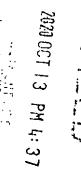


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## . COVER LETTER

ΓΟ: Registration Section Division of Corpor				
	Nava	rro Ra	Cing. LL	C .
SUBJECT:		ited Liability Company	<del>-J</del>	<del> </del>
The enclosed Articles of Am	endment and fec(s) are sub	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
		Name of Person	Adams	
		The Firm/Company	medila	u firm
		2151 S.	Lejeune	20#30C
	C	OVAL GAB City/State and Zip Co	iles, Fc,	33134 33134
-	In Foo	•	awfirm.	Com
For further information conc	erning this matter, please ca	all:		
Name of Pe	Adans	at (305)	Daytime Teleph	184 one Number
Enclosed is a check for the fo	ollowing amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing F Certified Copy (additional copy is	•	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Stree	t 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 TO ARTICLES OF ORGANIZATION OF

Navarro Racing 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 8-30-2017: and assigned.  Florida document number 17000/85/86
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
MDAG Stables, LLC.
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)
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:
New Registered Office Address:  Enter Florida street address
. Florida
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 =	<b>Authorized Member</b>

<u> Title</u>	Name	Address	Type of Action
		·	□Add
			□ Remove
			Change
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YC 4!_	e date, if other than the date of filing: (optional)
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cume	it's effective date on the Department of State's fections.
ecord	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
is file	
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ated _	10/8 2020
	10/8 . 2020.
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00