## 201140

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SECRETARY OF STATE ON STORY OF CORPORATIONS

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## **COVER LETTER**

	istration Sec ision of Corp			
CUDICAT.		Off Road Center, LLC		
SUBJECT:		Name of Limi	ted Liability Company	<del></del>
The enclosed	l Articles of A	amendment and fee(s) are sub-	nitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Lance Udell		
		**	Name of Person	
			Firm/Company	
		4000 Majestic Oak Lane		
			Address	
		Brooksville, Florida 34602		
			City/State and Zip Code	
		Darthxanthus@gmail.com		
		E-mail address: (t	o be used for future annual report of	notification)
For further in	iformation co	ncerning this matter, please ca	II:	
	Name of	Person	at () Area Code Day	time Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling Fee	☐ \$30.00 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 TO ARTICLES OF ORGANIZATION OF

Brooksville Off Road Center, LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number $\frac{1.1700020140}{}$ .	pany were filed on September 28, 2017	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 I	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<b>6</b>
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TOTALLAS
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		r the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	Cuỳ	гір Сойе

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

. MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Lance Udell	4000 Majestic Oak Lane	<b>=</b> Add
		Brooksville, Florida 34602	☐ Remove
			Change
			Add
			Remove
		-	Change
		-	Add
			Remove
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				P# 12: 57
te: If the date inserted in	an the date of filing:  ate must be specific and cannot be this block does not meet the the Department of State's re	applicable statutory f		ling.) Pursuant to 605.03
record specifies a de The 90th day after th	layed effective date, b e record is filed.	ut not an effectiv	e time, at 12:01 a.ı	m. on the earlier
ted June 5	2018			
New 1	MAH			
	National Control of the Control of t	or authorized representa	title of a member	

Page 3 of 3

Filing Fee: \$25.00