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COVER LETTER

	gistration Secti vision of Corpo				
SHR IFOT.	Broward Moto	orsports of Treasure Coast, LL	С		
SUBJECT.	·	Name of Limite	d Liability Company		
The enclose	d Articles of An	nendment and fee(s) are submi	itted for filing.		
Please retur	n all correspond	ence concerning this matter to	the following:		
		Gary P. Simon, Esquire			
•			Name of Person		
		Simon & Simon, P.A.			
			Firm/Company		
		9500 S. Dadeland Blvd., Sui	te 708		
			Address		
		Miami, Florida 33156-2849			
			City/State and Zip Code		
		marc@browardmotorsports.co	om be used for future annual re	mort natification)	
For further i	information con	cerning this matter, please call		.port nourication;	
Gary P. Sin			at ()	-6750	
	Name of Pe	erson	Area Code	Daytime Telepho	ne Number
Enclosed is	a check for the f	following amount:			
□ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy [tadditional copy is enclo	/	\$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

Broward Motorsports of Hobe Sound, LLC

(Name of the Limi	(A Florida Limited	any as it now appears on our rec Liability Company)	cords.)		
The Articles of Organization for this Limited I Florida document number L17000205215	Liability Compan	y were filed on October 4, 20	17	and assign	ned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited lia	bility company here:			
Broward Motorsports of Treasure Coast, LLC					
The new name must be distinguishable and contain the	words "Limited List	pility Company," the designation "	LLC" or the abbrevi	ation "L.L.C	
Enter new principal offices address, if appli	cable:	no change			
(Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable:		no change			
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(Mailing address MAY BE A POST OFFICE	<u>; 80.0)</u>				2 6
B. If amending the registered agent and registered agent and/or the new registered	1/or registered office address he	office address on our reco re:	,	name of	the nev
Name of New Registered Agent:	no change			STATE OF STA	-
New Registered Office Address:		Enter Florida street ac	idress		
		City	, Florida	Up 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 = M $AMBR = A$	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
			Add
			Remove
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	ffective	tive date is listed, the date must be specifi-	ic and cannot be prior not meet the applic		nore than 90 days after	er filing.) Pursuant to	605.0207
ffective date, if other than the date of filing: 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 lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a second cannot be prior to date of filing requirements.	an effect <u>lote:</u> If				-8 4	an outer with their be	113100 83
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