## L18000083222

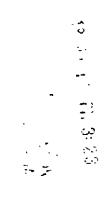
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJEC	MK MOT	ORSPORTS LLC		
SUBJEC	UI:	Name of Lim	ited Liability Company	<del></del>
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		KHAN, MOHAMMAD	1	
			Name of Person	
		MK MOTORSPORTS L	LC	
			Firm/Company	<del>,</del>
		13633 ANCILLA BLVD		
			Address	<del>-</del>
		WINDERMERE, FL 347	86	
			City/State and Zip Code	
		skyline200078@gmail.co		
		E-mail address: (	to be used for future annual report πoti	fication)
For furth	ner information co	oncerning this matter, please ca	all:	
KHAN,	MOHAMMAD	I	407 7564770 at ()	
	Name of	f Person		e Telephone Number
Enclosed	f is a check for th	ne following amount:		
□ <b>\$</b> 25.	00 Filing 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)

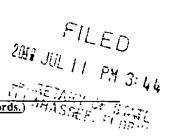
TO:

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 Taliahassee, FL 32301

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



MK MOTORSPORTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

		. 77* ***,		
The Articles of Organization for this Limited Lia	bility Company were filed on 04/02/2018	and assigned		
Florida document number L18000083222	<del></del> .			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liability company here:			
MK MOTORSPORTS LLC				
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."		
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	(ADDRESS)			
		,		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>OX</u> )			
B. If amending the registered agent and/o	r registered office address on our records, e	nter the name of the		
registered agent and/or the new registered offi	ce address here:			
Name of New Registered Agent:				
New Registered Office Address:				
Enter Florida street address				
	, Florid	a		
	City	Zip Code		

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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(If an effect Note: If	ive date is lis the date ins	sted, the date muserted in this b	e date of fili ast be specific a block does not Department of	nd cannot meet the	be prior to dat applicable :	e of filing or statutory fil	more than 90 days	( <b>optional)</b> s after filing.) P s, this date wi	fursuant to 605,0207 (3) ill not be listed as the
the recor ) The 90	d specific Oth day a	es a delaye after the re	ed effective cord is filed	date, i I.	out not an	effective	time, at 12:	01 <b>a</b> .m. or	the earlier of:
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Filing Fee: \$25.00