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(Re	questor's Name)	· · · -
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(Do	cument Number)	
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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: (COTT)	ral Florida I	20019 and Perited Liability Company	formance, LLC
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Alan S	Name of Person	
		Firm/Company	
	251 N Ma	MAYENUE Address	.
	Lake Place Cfrrace E-mail address:	City/State and Zip Code Certtury III To be used for future annual report notion	2 (K) NQ+
For further information c	oncerning this matter, please c		
Name o	r Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
\$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)
Mullian Adduse		Strant Address	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
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

Central Florida Racing and Performance 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 Companies L1800009600000000000000000000000000000000	y were filed on 4117/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	<u>bility company here</u> :
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>
(Principal office address MUST BE A STREET ADDRESS)	20 0 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	THE STATE
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent	Florida Zip Code
the section of the se	=

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

Title	<u>Name</u>	Address	Type of Action
<u>Mgr</u>	Alejandro Cedeno	105 Serenity Ave	_XAdd
		Lake Placia, FL 3385	_ □Remove
			🗆 Change
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(If an e Note:	tive date, if other than the date of filing: [Tective 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 (3) [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the reco	rd 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 iled.
Dated	Signature of a nember or authorized representative of a member
	Signature of a n/e/pheer or authorized representative of a member