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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
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| subject: <u>Ареж</u> | Motorsports Photograms Name of Clin | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | Scree | Name of Person | |
| | Becrded | Graislas IIC Fim/Company | |
| | 8531 W | Socithocle Shores | Cir |
| | | City/State and Zip Code City/State and Zip Code Croais Ls Camcil Co | ocation) |
| For further information c | oncerning this matter, please co | all: | |
| Jared M | f Person | at (<u>954</u>) <u>871 - 5</u> Area Code Davtime | 858 : Telephone Number |
| , vance o | i i ciswii | /uea code //ayanak | - reception remarks |
| Enclosed is a check for th | ne 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) |
| | | | |

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

| (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 05/07/2018 Florida document number L18000114010 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: | an | d assi | igned |
|--|----------|-------------|---------------|
| Florida document number L18000114010 This amendment is submitted to amend the following: | an | d assi | igned |
| This amendment is submitted to amend the following: | | | |
| · | | | |
| A. If amonding name, enter the new name of the limited lightlity company here: | | | |
| . If amending name, enter the new name of the named habitly company nere. | | | |
| Bearded Garagistas LLC | | | |
| he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbr | eviatio | on "L.l | C." |
| Enter new principal offices address, if applicable: | | | |
| Principal office address MUST BE A STREET ADDRESS) | · | <u>~</u> | |
| : :- | | | -17 |
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| inter new mailing address, if applicable: | <u>.</u> |)) > | |
| | | === | -5 |
| Mailing address MAY BE A POST OFFICE BOX) | 777 | <u>:</u> | |
| | | ٠., | |

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 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> | <u>Address</u> | Type of Action |
|--------------|---------------------------------------|-----------------------------|---------------------|
| MGRM | Brett Miller | 8531 W Southgate Shores Cir | ■Add |
| | | Tamarac, FL 33321 | □Remove |
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| 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. If the date inserted in this block does not meet the applicable ocument's effective date on the Department of State's records. | (optional) te of filing or more than 90 days after filing.) Pu statutory filing requirements, this date wil | irsuant to 605.02 Il not be listed |
| record specifies a delayed effective date, but not an effective time, | at 12:01 a.m. on the earlier of: (b) The 9 | 0th day after th |
| d is filed. | | |
| Dated February 20 | | |
| February 20 2020 | d representative of a member | ······································ |

Filing Fee: \$25.00