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× SALY

To Whom it May CONCERN.

MY NAME IS MARK WIGGAN. I AM REGURSTING to RELEASE the Entity NAME "LION MOTORSPORTS LC. FORIDA DOCUMENT NUMBER, L1600004695

TO BE USEIS # FOR This NEWLY FORMERS ENTITY." BIGG MIGG MOTORSPORTZ LLC. Please

CHANGE AND UPBATE,

Mark Wh

COVER LETTER

SUBJECT: B166 W166 MOTORSPORTZ LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mark Wishaul
BIGG WIGG MUTORSPORTZ LLC Firm/Company
6001 ARGYLE FOREST Blud. #21-104
JACKSONULLE FL 32244 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status S55.00 Filing Fee Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

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

ARTICLES OF ORGANIZATION **OF**

SECRED AM 1:25
ALLAMASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company	y were filed on $Arg 2 2019$ and assigned
Florida document number <u>L/8000/85837</u>	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited fial Motors Portz The new name must be distinguishable and contain the words "Limited Liab	666
Enter new principal offices address, if applicable:	<i>i</i>
(Principal office address MUST BE A STREET ADDRESS)	841 PROSENTIAL DRIVIE
	JACKSONVIllie, FL 32207
Enter new mailing address, if applicable:	841 PRUDENTIAL DRIVE
(Mailing address MAY BE A POST OFFICE BOX)	- 12th Floor
	JACKSUNNILE FI 32207
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
-	, Florida
N	City Zip 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 = Manager AMBR = Authorized Member **Type of Action Address** Title <u>Name</u> _□ Remove ☐ Change □ Add ☐ Remove ☐ Change

	18 AUG 16 TALLAHARAN TERES
	18 AUG 15
	TALLASTAN AH 1: 2=
	TALLAHASSEE, FLORIDA
	- LORIDA
(If an e	tive date, if other than the date of filing:
the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	AUGUST 13 OG18
	Signature of a member or authorized representative of a member
	11/12/2/16/1
	N () () () () () () () () ()

Page 3 of 3

Filing Fee: \$25.00