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EXAMINER

# **COVER LETTER**

Division of Cor	rporations				
F10 Motor	Sports, LLC				
SUBJECT.	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	William Steele				
		Name of Person			
	054411111111111111111111111111111111111	Firm/Company			
	2541 Middle River Drive				
	Fort Lauderdale, Florida	Address 33305			
	brentsteele15@gmail.com	City/State and Zip Code			
	E-mail address: (	to be used for future annual report notif	ication)		
For further information of William Steele	oncerning this matter, please ea	all: 305 902-0729			1일 (2)
	f Person	at () Area Code Daytime	: Telephone Number	— <u>:</u>	<u></u>
Enclosed is a check for t	ne following amount:			٠	<b>8</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 I Certificate of Certified Cop (additional copy	Status & y	9: 47

### MAILING ADDRESS:

TO:

Registration Section

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

F10 Motor Sports, LLC

(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ibility Company)	
The Articles of Organization for this Limited Liability Company w	vere tiled on 08/06/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
F10 Motorsports, LLC		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		196
B. If amending the registered agent and/or registered officegistered agent and/or the new registered office address here:	ce address on our records, enter t	he name of the new
		. —
Name of New Registered Agent:		<b>⇒</b>
N. D. C. LONG. A.L.		
New Registered Office Address:	Enter Florida street address	71
		~~

### 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 sor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ctive date, if other than the	date of filing:		(option	al)	
effective date is listed, the date must : If the date inserted in this blo	be specific and cannot be pri-	or to date of filing or mo	re than 90 days after fil	ing.) Pursuan	it to 605.02
ment's effective date on the De	partment of State's record	s.	, requirements, tills ti	ate will hot	De fisiça
ecord specifies a delayed e 90th day after the reco	effective date, but rord is filed.	ot an effective ti	me, at 12:01 a.r	n. on the	earlier
d September 6	2018	·			

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Filing Fee: \$25.00