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COVER LETTER

POLE PO. SUBJECT:	SITION MOTORSPORT LLC		
NOBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MANUEL MONTEVIDO	NI	
	POLE POSITION MOTO	Name of Person RSPORT LLC	
	1101 BRICKELL AVE. S	Firm/Company TE. 800	
	MIAMI, FL 33131	Address	<u></u>
	manuel@fcmiamicity.com	City/State and Zip Code	
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report noti	fication)
Manuel Montevidoni	ermeet me maner, preuse c	786 877-7431	
Name o	of Person	at ()at ()Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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 tadditional copy is enclosed.

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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 TOARTICLES 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 $\frac{01/15/2019}{1}$ Florida document number L19000016575 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: POLE POSITION MOTORSPORTS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

POLE POSITION MOTORSPORT LLC

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>	<u>Address</u>	Type of Action
AMBR	YANNICK ROLLAND	1101 BRICKELL AVE, STE. 800, MIAMI FL 33131	
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Effective date, if other that If an effective date is listed, the date: If the date inserted in document's effective date on	ate must be specific and cannot be this block does not meet the	applicable statutory filing r	(optional) e than 90 days after filing.) Purs equirements, this date will	uant to 605,020 not be listed a
he record specifies a de The 90th day after th		ut not an effective tin	ne, at 12:01 a.m. on t	he earlier o
Dated April, 8	2019			
		LA		

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Typed or printed name of signee

Filing Fee: \$25.00