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COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

eunieze S	peedway 75 Holidngs, LLC					
SUBJECT:S		ame of Limited Liability Company				
The enclosed Artic	les of Amendment and fee(s	(s) are submitted for filing.				
Please return all co	rrespondence concerning th	his matter to the following:				
	Sanfo	ford J. Aaron				
		Name of Person				
	JOEL	LSON ROSENBERG, PLC				
	4	Firm/Company				
	30665	55 Northwestern Highway, Suite 200				
		Address	<u> </u>			
	Farmi	Farmington Hills, MI 48334				
		City/State and Zip Cod	e			
		on@jrlawplc.com				
	E-mail	il address: (to be used for future annua	il report notification)			
For further informa	ation concerning this matter,	r, please call:				
Sanford J. Aaron		at (248)	790-7171			
1	Same of Person	Area Code	Daytime Telephone Number			
Enclosed is a check	c for the following amount:	:				
 \$25.00 Filing I	Fee \$30.00 Filing F Certificate of	8	Certificate of Status &			
Mailing A			Address:			
	tion Section of Corporations		ration Section on of Corporations			
P.O. Box			entre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Speedway 75 Holdings, LLC		
(<u>Name of the Limited Liability C</u> on (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	my were filed on January 17, 2019	and assigned
Florida document number L19000019756		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The Motor Enclave Tampa LLC		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" o	r the abbreviation
Enter new principal offices address, if applicable:	N/A	2020 f
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	N/A	AN 7:
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ee address on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
		 	□ Change
			□ Add
			□Remove
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li v e Teci	date, if other than the date of filing: (optional) (optional) (ve 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 our date of filing or more than 90 days after filing.
If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be
nen	's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea
e 9	Oth day after the record is filed.
i	March 24 2020
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00