

L19 000020613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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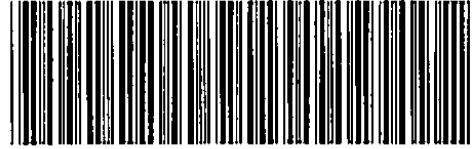
(Business Entity Name)

(Document Number)

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STATE

2/1/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FANBLAST.TV 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:

Thomas J. Regan
Name of Person

FANBLAST.TV LLC
Firm/Company

801 North Point PKWY #
Address

West Palm Beach, Florida 334
City/State and Zip Code

Tommy@reganmotorsports.com
E-mail address: (to be used for future annual report/notification)

For further information concerning this matter, please call:

Thomas J. Regan at (386) 334 3925
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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**

FAN BLAST. TV LLC

(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 01/18/2019 and
Florida document number L19000020613.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

REGAN MOTORSPORTS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

801 NORTH POINT
WEST PALM BEACH
FL 334

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

801 NORTH POINT
WEST PALM BEACH
FL 334

B. If amending the registered agent and/or registered office address on our records, enter the name of the agent and/or the new registered office address here:

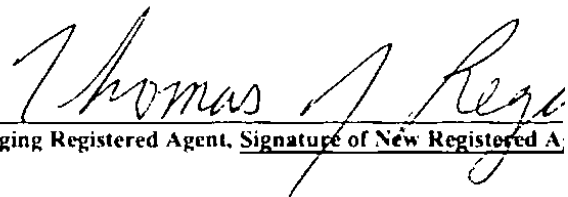
Name of New Registered Agent:

New Registered Office Address:

801 North Point PKWY #
Enter Florida street address
West Palm Beach, Florida 334
City Zip Co

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 accept the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with 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

MGR = Manager
AMBR = Authorized Member

2021 JAN 11 PM 2:32
COSTA MOUNTAIN
COSTA MOUNTAIN

2021 JAN 11 PM 3:32
STATE
SICEST

(If an effective 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 **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.

Dated 01/05/, 2021

Thomas J Regan
Typed or printed name of signer

Filing Fee: \$25.00