Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000134643 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO: & BOZARTH

Account Number : 076077001702

Phone

: (407)841-1200

Fax Number

: (407)423-1831

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	ken.haubein@jasperproducts.com	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PROFORM RACING LLC

Certificate of Status 0 Certified Copy 0 03 Page Count \$25.00 Estimated Charge

C. BRUMBLEY

APR 1 4 Will

2022 APR 13 PH 3:

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H22000134643 3)))

PROFORM RACING LLC					
(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liability Compan Florida document number <u>L19000031241</u>	y were filed on Fe	bruary 6, 2019	·	and assig	gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company he	<u>re</u> :			
PROFORM PROPERTIES LLC					
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the de	esignation "LLC" or	the abbrevia	ation "L.L	.C."
Enter new principal offices address, if applicable:	<u></u>			<u></u>	
(Principal office address MUST BE A STREET ADDRESS)				<u></u>	
			· · ·	022	
			•	APR	17
Enter new mailing address, if applicable:			_		
(Mailing address MAY BE A POST OFFICE BOX)	 			70	! 77
inding dates stat be at our office body			7:2	<u> </u>	
			<u>, Ti</u>	0	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	ecords, <u>enter the</u>	name of	ယ <u>the new</u>	<u>registerec</u>
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Flor	ida street address			
		Florid			
	City		Z	ip Code	
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>				
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of provided for in C	my duties, and I Thapter 605, F.S	am famil . Or, if th	liar with is docur	and nent is
If Ch.	anging Registered Ag	ent, Signature of Ne	ew Register	ed Agent	

	•	
From:	Leslie	Perryman

MGR = Manager

Fax: 14078411200

To:

Fax: (850) 617-6383

Page: 3 of 4

04/13/2022 2:11 PM

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H22000134643 3)))

Title	Name	Address	Type of Action
			□Add
			□ Remove
			□Change
			□Add
			Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□ Remove
		<u></u>	Change
			□Add
			Remove
			Change
			□Add
			□ Remove
(((H22000134643 3)))		☐ Change

Fax: 14078411200

To:

(((H22000134643.3)))

N	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
ective	date, if other than the date of filing: (optional)
reffecti te: [fi	ive 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 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ument	i's effective date on the Department of State's records.
cord s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	
ed	$\frac{\sqrt{-1/-1}}{\sqrt{-1/-1}}, \frac{2022}{\sqrt{-1}}.$
	Signature of a member or authorized representative of a member

(((H22000134643 3)))

Filing Fee: \$25.00