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.

(((H210001435093)))



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 : ASLAN TAX SERVICES INC

Account Number : I20140000082

: (305)644-9144

Fax Number

: (786)477-5802

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

Email	Address:	
-------	----------	--

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN USA RACE TEAM SCHOOL LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

Š

COVER LETTER

TO: Registr:

Registration Section
Division of Corporations

USA RACE TEAM SCHOOL LLC

SUBJECT:

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.

; ,
:-
. : .:
ر ر. ۱۱: ۱۱:
, <u></u>

For further information concerning this matter, please call

Enclosed is a check for the following amount

€ \$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status

S55,00 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 O 10/4/2021 12:25 PM ·

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

USA RACE TEAM SCHOOL LLC		
(Name of the Limited Liability Company as it r (A Florida Limited Liability (tow appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were fi Florida document number <u>L19000067119</u>	led on 03/08/2019 and a	nssigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability con	mpany here:	3
The new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation	L L.C.
Enter new principal offices address, if applicable:		~====
(Principal office address MUST BE A STREET ADDRESS)		7 7 7 7 7
	- (対点 一 - (対点) (利 - (利)	
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 agent and/or the new registered office address here: Name of New Registered Agent:	s on our records, enter the name of the t	new registere
New Registered Office Address:	Eider Florida street address	
	, Florida	1
Cir	n Zip Co	de
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete perfor accept the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office addressing of this change.	rmance of my duties, and I am familiar ed for in Chapter 605, F.S. Or, if this di	ocument is

If Changing Registered Agent, Signature of New Registered Agent

/4/2021 12:25	PM · Fax Services	→ 185061 7638 3	pg 5 of 6
If amending or removed	g Authorized Person(s) authorized to from our records:	manage, enter the title, name, and address	of each person being added
MGR = M $AMBR = M$	fanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMGR	JORGE OMAR CUSANELLI	1770 W FLAGLER ST STE 5	🗀 Add
		MIAMI, FL 33135	Remove
			□ Change
AR	ASLAN AFFILIATES ELC	1770 W FLAGLER ST STE 5	= Add
		MIAMI, FL 33135	2021 Remare
			ND Change
			☐Remove
			□Change
			□Remove
			[] Change
			b.A.□
			□Remove
			□ Change
			□.Ad d
			□Remove
			Change

Fax Services

If amending a	ny other in	formation.	, enter chi	ange(s) h	ere: (A	ach addi	tional shee	ets, if nec	essar _.	ı. <i>)</i>		
												-
												-
		<u></u>			-							-
			<u></u>								 	-
		- -	·· ———		_							-
												_
4.4												_
-								:		2021		
			· - ·			-		<u></u>	<u> </u>	ΛPR	72	- 1
							J. 2.		· · · · · · ·		ما حياً ا	-
					_	<u> </u>			· · · ·	~~ -	# [
								f j	1.77	PK		_
				·				-				
										-, <u></u> -		
											<u> </u>	_
											<u> </u>	_
												_
,												_
Effective date	e, if other t	han the da	te of filing	<u> </u>				(npt	ional	l)		0.03434
Effective data (If an effective data Note: If the d						te of filing of statutory f	ir more than iling requir	90 days alte ements, th	er tilin iis dat	g.) Pursi e will r	iant to 69 iot be li	sted as th
document's of	Tective date	on the Depa	rtment of S	tate's reco	ords.						ļ	
						12.21		andine of t	ъ. Т	rha Ond	, day ai	ter the
he record specif ord is filed.	ñes a delayet	l effective d	ate, but not	an effecti	ve time,	at 12:01 a.	m, on the c	atinct in t	, <i>U j</i>	1110 7011		ter the
Dated	April	10		Je:2	<u>?./</u>							
	1/10											
		Sig	gnature of a i	member or	authorize	d represent	nive of a me	niber				
	10005 01		MELLI									
	JORGE ON	AN COSA		Typed or	printed na	une of sign	de					

Filing Fee: \$25.00