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COVER LETTER

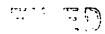
TO:	Registration Section Division of Corpor			
SUBJE	JCE	Motorspor	B, LLC	
JUBJE	c		ed Liability Company	
The enc	losed Articles of Art	nendment and fee(s) are subm	nitted for filing.	
Please r	eturn all corresponde	ence concerning this matter to	the following:	
		Corinna	Name of Person	
		JC MOT	Or SOVAS, LL	<u>.</u> C
		102 Bu	CKSKIN LOUV	ie
		or mond	Beach Fl	32174.
		COVINNA E-mail address: (to	City/State and Zip Code A TOUCAN Code be used for future annual report	wilcare. wm.
For furt	her information cond	cerning this matter, please ca	11:	
	Orinna Name of Po	Eberflus	ut (/	+3-6240 sytime Telephone Number
Enclose	d is a check for the	following amount:		
□ \$25	.00 Filing Fee	S30.00 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



JCE Motorsport	S, LLC.	2019 CCT 16 AM II: 54			
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records Liability Company)	.)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L19 C00148878.</u>	were filed on 6319	· and assigned			
This amendment is submitted to amend the following:		on our records.) 3 19'. and assigned e: signation "LLC" or the abbreviation "L.L.C." LLC Llc			
A. If amending name, enter the new name of the limited liab JC MOTORSPORTS, LLC		and about the state of the C.			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	102 BUCKSKIN	lane			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here		enter the name of the new			
	<u>-</u> ·				
Name of New Registered Agent:					
New Registered Office Address:	New Registered Office Address: Enter Florida street address				
	, Florida				
· · · · · · · · · · · · · · · · · · ·	City	Zip Code			

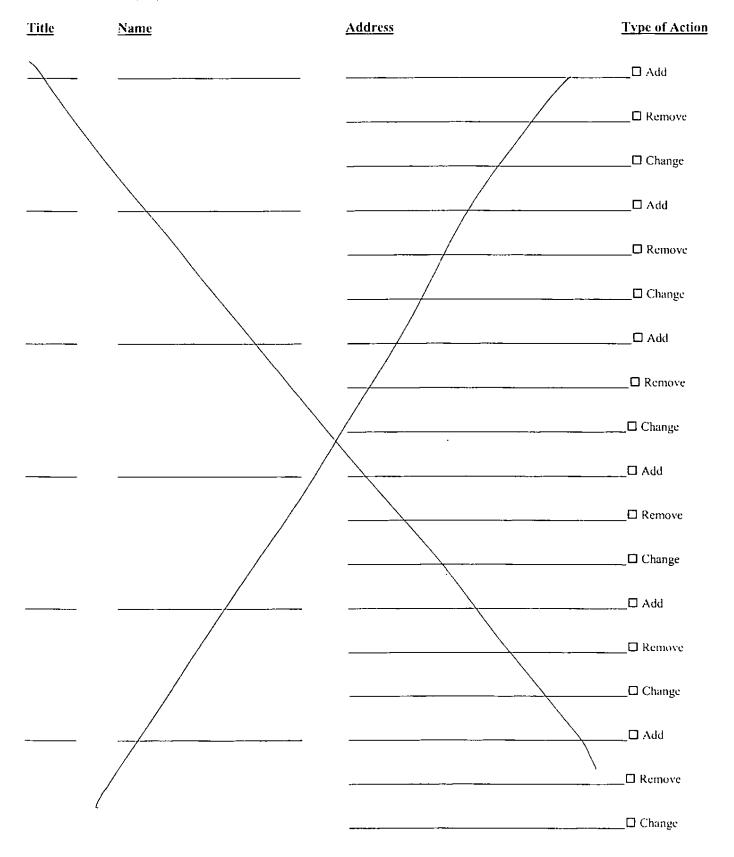
New Registered Agent's Signature, if changing Registered Agent:

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member



	er change(s) here: (Attach additional sheets, if necessary.)
	
	
E. Effective date, if other than the date of f (If an effective date is listed, the date must be specific Note: If the date inserted in this block does r document's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be listed as the
If the record specifies a delayed effective (b) The 90th day after the record is file	ve date, but not an effective time, at 12:01 a.m. on the earlier of: led.
Dated October 15	209.
_ Ovilla Th	of a member or authorized representative of a member
Signature	or a memoer or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00