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COVER LETTER

	ision of Cor			
SUBJECT:	RACING I	, LLC		
30 3 0 2 0 20 1 .		Name of Lim	ited Liability Company	
The enclosed	i Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		RICHARD CORBETT		
			Name of Person	
		n/a		
			Firm/Company	
		1004 S. SIWANOY STRE	ET	
			Address	
		TAMPA. FL 33629		
			City/State and Zip Code	
		RICKFCORBETT@GMAII		
		E-mail address: (t	o be used for future annual report notifica	tion)
For further in	formation co	ncerning this matter, please ca	И:	
RICHARD (CORBETT		813 3915564 at ()_	
	Name of	Person		lephone Number
Enclosed is a	check for the	e following amount:		
■ \$25,00 Fi	iling 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RACING I, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
the Articles of Organization for this Limited Liability Comp	pany were filed on JUNE 18, 2019	and assigned
lorida document number L19000152505		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
inckney Racing, LLC		
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or th	ne abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		2
		TAC TO
nter new mailing address, if applicable:		
		H: 9
Mailing address MAY BE A POST OFFICE BOX)		SOC III General
		
		2
. If amending the registered agent and/or registered		ter the name of the
ristered agent and/or the new registered office address	<u>nere</u> :	
Name of New Registered Agent:		
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			
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			Remove
			☐ Change
		·	Add
			C Remove
			☐ Change
			
			□ Remove
			☐ Change
			D Add
			□ Remove
			Change
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tan effe <u>Note:</u> I	ate, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day e date inserted in this block does not meet the applicable statutory filing requirement effective date on the Department of State's records.	(optional) vs after filing.) Pursuant to 605.0207 (3 ts, this date will not be listed as th
e reco	specifies a delayed effective date, but not an effective time, at 12: h day after the record is filed.	:01 a.m. on the earlier of:
Dated _		
	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00