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COVER LETTER

	egistration Sec ivision of Corp			
(11 lb 112 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		RACING ENGINES LLC		
SUBJECT	:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
		HENRY OCONNELL		
			Name of Person	
		WH OCONNELL & ASSO	OCIATES PA	
			7 7 7	
		2825 LEWIS SPEEDWAY	SUITE 104	运
		 		
		ST. AUGUSTINE, FL 320	984	(3)
		HENRY@WHOCPA.COM	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	cation)
For further	information co	oncerning this matter, please ca	all:	
HENRY C	CONNELL		904 829-0082	
	Name of	Person		Telephone Number
Enclosed is	a check for th	e 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FATHEAD RACING ENGINES LLC

(A Florida Limited	Liability Company)	<u>v.</u>)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000161077</u>	were filed on 06/18/2019	-			
This amendment is submitted to amend the following:		7019 JUL 12			
A. If amending name, enter the new name of the limited liab	pility company here:	2 2 1			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC	" or the abbreviation #L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)		7.3			
Enter new mailing address, if applicable:	40 MARSHVIEW DR				
(Mailing address MAY BE A POST OFFICE BOX)	ST AUGUSTINE FL 32080				
B. If amending the registered agent and/or registered o	ffice address on our records	s, enter the name of the nev			
registered agent and/or the new registered office address her Name of New Registered Agent:	<u>.e</u> :				
	<u>-</u>				
New Registered Office Address:	Enter Florida street addres.	<u> </u>			
	City , Flo	O rida Zip Code			
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, an provided for in Chapter 605, i	nd I am familiar with and F.S. Or, if this document is			

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>	<u>Address</u>	Type of Action
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Filing Fee: \$25.00