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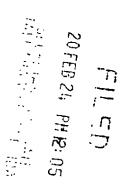
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Promotos	ports Florida LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	John K. Carter, Esq.			
	<del></del> -	Name of Person		
	Carter Reymann Law, P.A			
		Firm/Company		
	9500 Koger Blvd Suite 1	12		
	Address			
	St. Petersburg, FL 33702			
		City/State and Zip Code		
	skeeter240sx@gmail.com			
For further information	h-mail address: ( ) concerning this matter, please c	to be used for luture annual report not	(fication)	
John Carter	reducerning this matter, please e	727 456-8970		
	······	at () Area Code Daytin	75 1 1 N 1	
Name	e of Person	Area Code Daytin	ie Telephone Number	
Enclosed is a check for	the 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)	
<u>Mailing Addi</u> Registration		<u>Street Address:</u> Registration Sc	ection	
Division of	Corporations	Division of Co	rporations	
P.O. Box 6.	327	The Centre of	Fallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Promotosports Florida LLC		
( <u>Name of the Limited Liabit</u> (A Florid	ity Company as it now appears on ou a Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability (Torida document number 1.20000040148	Company were filed on <u>02/03/202</u>	0 and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	ited liability company here:	
romotorsports Florida LLC		
ne new name must be distinguishable and contain the words "Lin	nited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	N/A	76 20
rincipal office address MUST BE A STREET ADD.	<u>RESS)</u>	
	<del></del>	IV man
		P
iter new mailing address, if applicable:	N/A	PH
failing address MAY BE A POST OFFICE BOX)		
		;. o
. If amending the registered agent and/or registere tent and/or the new registered office address here:  Name of New Registered Agent:  N/A	d office address on our records	, enter the name of the new regist
New Registered Office Address:		
ivew ivegistered Office Address.	Enter Florida stree	et address
		Florida
<del></del>	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 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>	Name	<u>Address</u>	Type of Action
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			□Remove
			□Change
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