## 120000047739

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL MAIL
(Business Entity Name)	
(Document Number)	
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## COVER LETTER

Division of Co	rporations			
WR RACT				
SUBJECT:Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	ROBERT WEBB			
	-	Name of Person		
	WR RACING LLC			
		Firm/Company		
	16251 NW HWY 335			
		Address	· · · · · · · · · · · · · · · · · · ·	
	WILLISTON, FL 32696			
	<del></del>	City/State and Zip Code	····	
	ride_rob@yahoo.com	to be used for future annual report notif	· · · ·	
For further information c	roncerning this matter, please e	•	ication)	
ROBERT WEBB		517 937-0527 at ()		
Name o	f Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for the	he 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 cadditional copy is enclosed	
Mailing Addres Registration S		Street Address: Registration Sec	tion	
Division of C	orporations	Division of Con	porations	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION 2020 HAY -4 AM 11: 40

WR RACING LLC		
(Name of the Limit	ted Liability Company as it now appears o (A Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited L	iability Company were filed on Febru	ary 10, 2020 and ass
Florida document number L20000047739	·	
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company here	;
The new name must be distinguishable and contain the w	words "Limited Liability Company," the design	gnation "LLC" or the abbreviation "L.
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and/or ragent and/or the new registered office address	registered office address on our reco ss here:	rds, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
	Civ	, FloridaZip 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 comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documents being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liabilit 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type o
AMBR	ROBERT WEBB	16251 NW HWY 335	<b>=</b> Ad
		WILLISTON, FL 32696	
	·		□Ch.
AMBR	WEAFER TAX SERVICE	1910 GARDEN SPRINGS DR	
		STE 160	<b>≘</b> Rei
		LEXINGTON, KY 405804	UCh;
			DAdd
			□Rer
			(TCha
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			URem
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·			DAdd
			DRemo
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*	
	the date of filing:
e record specifies a delayed e d is filed.	fective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day
Dated May 1	2020
-Relate	Signature of a member or authorized representative of a member
ROBERT WEBB	anember
	Typed or printed name of signce

Filing Fee: \$25.00