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(Re	equestor's Name)	
(Ad	ldress)	_
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(Cil	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Dx	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:	Registration Sec Division of Corp			
	LUCAS AU	ITO SPORTS, LLC	,	
SUBJE	СТ:	Name of Lim	ited Liability Company	<u>, </u>
The enc	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please t	return all correspor	ndence concerning this matter	to the following:	
		MAURICE LUCAS II		
		LUCAS AUTO SPORTS,	Name of Person LLC	· · · · · · · · · · · · · · · · · · ·
			Firm/Company	
		2612 S MILLER RD		
			Address	
		VALRICO, FL 33596		
		LUCASAUTOSPORTS@0	City/State and Zip Code GMAIL.COM	
		E-mail address: (to be used for future annual report notifi	cation)
For furt	her information co	oncerning this matter, please ca	ıll:	
MAUI	RICE LUCAS II		813 833-8916	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for the	e following amount:		
■ \$25	5,00 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 S		Street Address: Registration Sec	tion

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 AFR 23 FH 3: 19

LUCAS AUTO SPORTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A FIORIGI DIBITICA	тлаонну Сотрану)		•
The Articles of Organization for this Limited Liability Company	y were filed on	MARCH 4, 2020	and assigned
lorida document number			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company h	<u>iere</u> :	
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the	designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office			
Mailing address MAY BE A POST OFFICE BOX)			
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office gent and/or the new registered office address here:			
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Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our	records, <u>enter the</u>	
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	address on our		
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	address on our	records, <u>enter the</u>	name of the new register
Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Flo	records, <u>enter the</u>	name of the new register
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	Enter Flo	records, <u>enter the</u>	name of the new register

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 2020 Al 2: 23 PH 3: 19	Type of Action
AMBR	TONYA LUCAS	2612 S MILLER RD	
		VALRICO, FL 33596	<i></i>
			≡ Renюve
			□Change
MGR	MAURICE LUCAS II	2612 S MILLER RD	■Add
		VALRICO, FL33596	
			□Remove
			□Change
MGR	TONYALUCAS	2612 S MILLER RD	≡ Add
		VALRICO, FL 33596	
			□Remove
			□Change
	Na.		🗆 Add
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			□ Add
			□Remove
			□Change

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	on the earlier of:	(b) The 90th day	after the
		•	
APRII. 14 2020			
·			
Marh			_
Signature of a member or authorized representative			
MAURICE LUCAS II	e of a member		