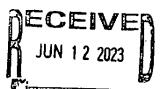
L20000237384

(Requestor's Name)
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(Document Number)
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COVER LETTER

Division of Cor	porations		
SK RACIN	G LLC.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	SOTIRIOS KORKOKIOS		
		Name of Person	
	SK RACING LLC		
		Firm/Company	
	21416 NW 13 PLACE		
		Address	
	MIAMI, FL 33169		
		City/State and Zip Code	
	SKORKOKIOS1489@GM	AIL.COM to be used for future annual rep	
For further information c	n-man address: (oncerning this matter, please c		oort notification)
SOTIRIOS KORKOKIOS		347 436 at ()	3315
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status &

Mailing Address:

Registration Section

TO:

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

Street Address:

(additional copy is enclosed)

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

Certified Copy (additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company))
(A Florida Limited Liability Company)	
e Articles of Organization for this Limited Liability Company were filed on 8/6/2020	and assigned
rida document number <u>L20000237384</u>	N 2
s amendment is submitted to amend the following:	1 /18 DN 1 2
If amending name, enter the new name of the limited liability company here:	N 937
PARTAN AUTO WERKS LLC	2 225
new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC"	or the abbreviation "LiL.C."
ter new principal offices address, if applicable:	1: 27
rincipal office address MUST BE A STREET ADDRESS)	
	· · · · · · · · · · · · · · · · · · ·
iter new mailing address, if applicable:	
ailing address MAY BE A POST OFFICE BOX)	<u></u>
If amending the registered agent and/or registered office address on our records, enter the ent and/or the new registered office address here:	he name of the new regi
Name of New Registered Agent:	
New Registered Office Address:	
Tien neglinered Office (todicia).	

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.

City

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
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			□Remove
			
			□Add
			□Remove
		·	□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
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f an effective date is <u>Note:</u> If the date i	f other than the listed, the date must inserted in this blo ive date on the De	t be specific and ock does not m	cannot be prior t eet the applica	o date of filing	or more than tiling require	(option 00 days after fi ements, this c	ling.) Pursi	uant to 6 not be 1	505.020° listed as
record specifies a	a delayed effective	date, but not :	an effective tir	ne, at 12:01 a	.m. on the ea	ırlier of: (b)	The 90th	ı day a	fter the
ated	6/6/2	<i>0</i> 23	,	_ ·					
	,	Ibakil	<u>k</u> .						
		Signature of a n		rized represent	ative of a men	ber			