L21000038114

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COVER LETTER

ΓΟ: Registration Se Division of Cor			
SUBJECT: NATIO	NAL PIM RACIM Name of Limi		1
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	OSCAR-DC	Name of Person	CS. JR
		YATIONAL RIM Firm/Company	RACINIG ASSOCIATION
	655	N.W 22nd Rd Address	·
	foot.	LAUDERDALE F City/State and Zip Code	-1. 33311
For further information c	oncerning this matter, please ca	all:	
Name o	enclosed Articles of Amendment and fee(s) are submitted for filing. See return all correspondence concerning this matter to the following: SCAP STAP STAPPEDALE STAP		
Enclosed is a check for th	ne following amount:		
☑ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres	s:	Street Add	ress:

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

TO:

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

NATIONAL	RIM RACING ASSOCIATION	I LLC
(Name of the Limite	d Liability Company as it now appears on our record. A Florida Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Lie		and assigned
Florida document number <u>L210000381</u>	14	
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applica		
(Principal office address MUST BE A STREE	<u>ADDRESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE I	<u></u>	
		<u> </u>
B. If amending the registered agent and/or re	vistered office address on our records, enter	the name of the few registere
agent and/or the new registered office addres		C.
Name of New Registered Agent:	OSCAR Knowles JR	7:12
New Registered Office Address:	319 N.W 29th TERA	
	Enter Florida street addres	
	fürt lauderdale FL, FII	o rida <u>320[]</u> 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.

D. 1

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
MGR	OSCAR, Knowles, JR	319 N.W 29th FERR FORT	Courterdalestrado
			□Remove
			□Change
		<u> </u>	□ Remove
			Change
			□ Add
			Remove
			Change
			🗆 Add
			□Remove
			Change
			□ Add
			□ Remove
			Change
			□Add
			□Remove
			□Change

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an effec lote: It	e date, if other than the date of filing:
record I is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
ated _	MAY 6, 2021
	Signature of a member or authorized representative of a member

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