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| SUBJE | | I MOTORSPORTS LLC | | | | : |
| | | Name of Limi | ted Liability Company | | | |
| | | | | | | |
| l'he en | closed Articles of A | mendment and fee(s) are sub- | mitted for filing | | | |
| | | | | | | |
| Please | return all correspon | dence concerning this matter | to the following: | | | |
| | | | | | | |
| | | Darren Heitner | · · · · _ · _ · _ · · _ · | - <u> </u> | | _ |
| | | | Name of Person | | | |
| | | Heitner Legal, PLLC | | | | |
| | | | Firm/Company | | | _ |
| | | 215 Hendricks Isle | | | | |
| | | | Address | | | - |
| | | Fort Lauderdale, FL 33301 | | | | |
| | | | City/State and Zip Co | de | | |
| | | darren@heitnerlegal.com | | | | *: |
| | | E-mail address: (1 | to be used for future annu | al report notific | ation) | |
| or fur | ther information co | ncerning this matter, please ca | all: | | | |
|)arren | 1 Heitner | | 954 | 558-6999 | | |
| | Name of | Person | Area Code | Daytime 1 | Telephone Numb | хт |
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| 2 | 5.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fo Certified Copy | e K | □ \$60.00 Certifi | ruing ree. |
| | | Commonie of Builds | (additional copy is | enclosed) | Certifie | ed Copy |
| | | | | | (adthor | nal copy is enclosed) |
| | Mailing Address | | Street | Address: | | |

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

.

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

| JESSE IWUJI MOTORSPORTS LLC | | 2021 SEP - 7 PM 8: 06 |
|--|---|---------------------------------------|
| (Name of the Limited (A | Liability Company as it now appears on our reco Florida Limited Liability Company) | TALLAHASSEE FLORE |
| The Articles of Organization for this Limited Liabi Florida document number <u>L21000183757</u> | | |
| This amendment is submitted to amend the followi | ing: | |
| A. If amending name, <u>enter the new name of th</u> | e limited liability company here: | |
| The new name must be distinguishable and contain the word Enter new principal offices address, if applicabl | | LC" or the abbreviation "L.L.C." |
| (Principal office address MUST BE A STREET A | | |
| Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BO</u> | <u> </u> | |
| 3. If amending the registered agent and/or registered agent and/or the new registered office address h | | er the name of the new registered |
| Name of New Registered Agent: | | · · · · · · · · · · · · · · · · · · · |
| New Registered Office Address: | Enter Florida street add | |
| - | | Florida |
| | City | Zip Code |

w Registered Agent's Signature, if changing Registered Agent:

ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the prisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany 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> | <u>Name</u> | Address | Type of Action |
|--------------|------------------------|------------------------------|----------------|
| MBR | Emmitt James Smith III | 482 JACKSONVILLE DR. | Add |
| | | JACKSONVILLE BEACH, FL 32250 | 🗆 Remove |
| | | ····· | 🗆 Change |
| MBR | Michael P. Antonucci | 482 JACKSONVILLE DR. | Add |
| | | JACKSONVILLE BEACH, FL 32250 | □Remove |
| | | | |
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| D. | If amending any other information | , enter change(s) here: | (Attach additional sheets, if necessary.) |
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| ective date, if other than the | ate of filing: | (option | al) |
| n effective date is listed, the date mu | st be specific and cannot be prior to da | ate of filing or more than 90 days after fi | ling.) Pursuant to 605.0207 (|
| te: If the date inserted in this bl cument's effective date on the D | | statutory filing requirements, this (| late will not be listed as t |
| cument s encente date on the D | epartment of State's records. | \backslash | |
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| | e date, but not an effective time, | at 12:01 a.m. on the earlier of: (b) | The 90th day after the |
| is filed. | | / | |
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| · · · · <u>-</u> ±t · · · · | Signature of a member or authorize | d representative of a member | ······ |
| | | | |
| Darren Heitner (Author | ized Representative) | | |

Typed or printed name of signee