L21000220242

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ddress)	
(Cit	ty/State/Zip/Phone #))
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration So Division of Cor			
	otorsports LLC		
SUBJECT:		nited Liability Company	
The and and Amiologot	Amendment and fee(s) are sub	united for filing	
	ondence concerning this matter	•	
riease return an correspo	indence concerning this matter	to the tonowing.	
	Kasra Abraham Pratt		
		Name of Person	
	Extreme Motorsports LLC		
		Firm Company	
	4332 bellaria way		
	-	Address	
	fort myers, florida, 33916		
		City/State and Zip Code	
	kaserolepratt@gmail.com		
	E-mail address; (to be used for future annual report no	outication)
For further information c	oncerning this matter, please c	all:	
Kasra Abraham Pratt		319 4006482	
Name o	d Person	Area Code Dayti	me 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 (additional copy is enclosed)
Mailing Addres		Street Address: Registration S	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 632		The Centre of	•
Tallahassee.	F1, 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

3621 JULY 24 AM 6: 44

Extreme Motorsports LLC (Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number 121000220242 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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 adder or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 2821 JULI 21: AH 6: 4	Type of Action
MGR	Mehdi Khaldar Saghir	4332 bellaria way, fort myers, FL 33916	<i>-</i> .
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ective	date, if other than the date of filing: (optional)
n effecti	ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	's effective date on the Department of State's records.
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed	
	1/2 2 22 1
cd	Signature of a member or authorized representative of a member
	16 cm
	Signature of a member or authorized representative of a member
	Kasra Abraham Pratt
	Nasia Auranam I fatt