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Y. SCOTT 0CT 2 2 2023

COVER LETTER

TO: Registration Section

Division of Cor	porations			
SUBJECT: M v (ami Mic	ro L.L.C.		
	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:		
	Yam. 1 T.	Name of Person		
	Mian	M. M. CO L.L.	. C.	••
		Firm/Company		20 ,
	10131 SW	138 th C+ MM	WORN	SECRET VISION O
	Miam	City/State and Zip Code	63/86	ARY OF CORPO
	E-mail address:	City/State and Zip Code CO (1906Z) to be used for future annual report notif	(Cap)	DIVISION OF CORPORATIONS 2023 OCT 12 PM 3: 30
For further information co	oncerning this matter, please ca			
VCVV I R	OU (iguez	at (136) 294 Area Code Daytime	3283 Telephone Number	
Enclosed is a check for th	Ü			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fed Certificate of Standard Copy (additional copy is e	atus &
Mailing Address Registration S	Section	Street Address: Registration Sec		
Division of C P.O. Box 632		Division of Corr The Centre of T		
Tallahassee, F			Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Miam Mi	(60 L.L.C.	
	y Company as it now appears on our records, Limited Liability Company))
The Articles of Organization for this Limited Liability Co Florida document number <u>L21006274389</u>	ompany were filed on <u>05/19/20</u> 	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Elite Auto Racin		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		DIVIS 2023
(Principal office address MUST BE A STREET ADDRI	ESS)	0CT
Enter new mailing address, if applicable:		FLED TARY OF ST OF CORFOR 12 PM 3
(Mailing address MAY BE A POST OFFICE BOX)		ATE ATE
		3
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		·
	Enter Florida street address	
	Ftor	ida
	City	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.

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 or removed from our records:

MGR = Manager		
•	MCD - Managar	
AMRD - Authorized Member	MIGK - Mallagei	
	AMBR = Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			Change
		***	🗀 Add
			□Remove
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	<u></u>		□^ 263.
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(If an e Note:	tive date, if other than the date of filing:
the re) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	10/05/2023
	Signature of a member or authorized representative of a member
	Yamil Rodriguez