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COVER LETTER

TO: Registration Se Division of Cor	
	Motorsports, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	endence concerning this matter to the following:
	Ariannis Clanak
	Name of Person
	Firm/Company
	2204 Oasis Palm Cir Apt. 310
	Address
	Cape Coral, FL 33990
	City/State and Zip Code sales@sanmarinomotorsports.com
	E-mail address: (to be used for future annual report notification)
For further information c	oncerning this matter, please call:
Ariannis Clanak	239 233-6414 at ()
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 Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

11月 2031 DEO 13 AM りょもの

San Marino 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 $\frac{09-29-2021}{1}$ ____ and assigned Florida document number L21000425347 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 registered 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.

____, Florida ____

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	Marko Clanak	2204 Oasis Palm Cir Apt. 310	∃ Ađd
		Cape Coral, FL 33991	□Remove
			□Add
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	tive 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 605.02 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
	nt's effective date on the Department of State's records.
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.
N	fovember 11 2021
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Typed or printed name of signee

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record specifies a de d is filed.	layed effective date.	but not an effectiv	e time, at 12:01 a.m. c	on the earlier of: (b)	The 90th day after the
November 11	2	2021			
Dated		· / /			
		HIM			
	Cianan	ire of a member or a	athorized representative	of a member	
	Signate	ne of a member of a	amonized representance	or a memoer	