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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SERBER & ASSOCIATES, P.A.

Account Number : 120000000083 : (305)932-6262 Phone

: (305)933-9393 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address	
FWall	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CLOPA RACING AND STREET CARS LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLOPA RACING AND STRE	ET CARS LLC	
(Name of the Umited	Hability Commony as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L21000441935		and assigned
This amendment is submitted to amend the follow	ring:	380 2021-A
This amendment is submitted to amend the follow A. If amending name, enter the new name of the new name must be distinguishable and end with the wo Enter new principal offices address, if applicable and office address MUST BE A STREET.	he limited liability company here:	OY 30
The new name must be distinguishable and end with the wo	rds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Euter new mailing address, if applicable: [Mailing address MAY BE A POST OFFICE Bo		of the not
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, ce address here:	enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	City Plo	rida
	J.,,	•

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 filled 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Nelson Clopatofsky	KM 2.5 VÃ-A COTA CHÃ-A CONJUNTO TARRAGON	A Add
	-	COTA CUNDINAMARCA COLOMBIA, CO 25001-7 C	O Remove
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			Add
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. If amending	; any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
	(optional)
. Effective dat	te, if other than the date of filing: (Optional)
(The effective do	te, if other than the date of filing: (Optional)  ale must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after occument is filed by the Florida Department of State)
Dated NO	vember 29 2021
	(N)
	HA Tuday
	Signature of a member of authorized representative of a member
I,	Nelson Clopatofsky
	Typed or printed name of signee

2021 NOV 30 AM ID: 13

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