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TALLAHASSEE PA

A. BUTLER APR 1 5 2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: OSCAL Myels Motor Sports. 2LC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gabriel Reyes Mendoza
Oscar Myers Motor Sports. Firm/Company
11178 Commercial Way
Welli Wacher FL 34614. City/State and Zip Code Dear Myers Hoor Soft sa Canail com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cabriel Reyes at (754) 273-1172. Name of Person Area Code Daytine Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Sacretificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee Sacretificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, 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

FILED

	Oi		2000	
Oscar Myers	S Mo+oc d Liability Company A Florida Limited Lia	as it now appears on bility Company)	2022 HAR 31	AM II: 20
(.	A Florida Elimico ela	Onky company)	1. Z	SEE, FU
The Articles of Organization for this Limited Lia		1 2	<u> 14122.</u>	and assigned
Florida document number <u>L22000</u>	061307			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabili	ity company here:		
			ut I C'' and a al	Acquision "L. L. C."
The new name must be distinguishable and contain the wo	ords "Limited Liability	y Company," the desig	nation "LLC or the ar	onreviation (L.C.C.
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	(ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE E	ROX)	 -		
Minning augress WAT BE AT OST OFFICE E	. <u>,</u>			
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office ac <u>s here</u> :	idress on our reco	rds, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:	Gabri	el Reges	Mendo	ra_
New Registered Office Address:		COMMEXC Enter Florida	cialwa	Y
	1 / 1			216/11/
	Week	City	, Florida	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 being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Type of Action <u>Name</u> Address <u>Title</u> Weeki Wacher, Fl 34614; Remove Mae Gabriel Rayes 1178 Commercial Way DATE AMRI Gobiel Rose ____ □Remove □ Change _____ 🗆 🗖 Add _____ □Remove bbA□ __ 🗆 Remove _____ Change _ □Remove

_____ □Change

Effective date, if other than the date of filing: (optional) If an effective 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. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste document's effective date on the Department of State's records.	_
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Filing Fee: \$25.00