## 17000174413

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer	
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**A. HUNT** 03/05/24

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

JMO RACING TE	AM LLC	
Please Debit FCA00	00000003 For: 25	
Thank you Seth Nee	elev	
1-4-1	cicy	
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File 2000 3 101
		Art, of Amend, File
		RA Resignation &
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
1.		Officer Search
4	7/	Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
<del></del>	<del></del>	Driving Record
Requested by:		UCC 1 or 3 File
Name	Date Time	UCC 11 Search
		UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JMO RACING TEAM LLC	
(Name of the Limited Liability Company as it now appears on our reco (A Florida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company were filed on 04/26/2022	and assigned
Florida document number L22000174443	
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 "1.1.	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	***
	(O)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	99
	. IE <b>8</b>
B. If amending the registered agent and/or registered office address on our records, enter	r the name of the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	
Enter Florida street addre	5.5
	lorida
City	Zıp 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

Title	Name	Address	Type of Action
MGR	Ezequiel Alejandro Casaroli	255 ARAGON AVENUE, 2ND FLOOR	<b>=</b> Add
		CORAL GABLES, FL 33134	□Remove
			□ Change
MGR	Juan Manuel Ondarcuhu	255 ARAGON AVENUE, 2ND FLOOR	<b>=</b> Add
		CORAL GABLES, FL 33134	□Remove
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E. 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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

Signature of a member or authorized representative of a member

2024

record is filed.

Dated MARCH 4