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COVER LETTER

TO: Registration Section

Division of Cor	porations		
SUBJECT:			LC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	- Wayne	Schram Name of Person	
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: Wayne Schram Schram Recinc Solutions, UC Firm Company QUIY 1594b Ct. M. Address Jup, ter H. 33448 City/State and Zip Code Aschram bellsouth net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Alison Schram Name of Person Area Code Daytime Telephone Number			
	9614 159	th Ct. N.	
	Jup, ter	- FL 33478 /City/State and Zip Code	HAR 20 ALLAP
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Way Please return all correspondence concerning this matter to the following: Way Please return all correspondence concerning this matter to the following: Way Please return all correspondence concerning this matter to the following: Schram Racing Soluthons, U.C. Firm Engineery Address: Jup, tr L. 32478 Address: Firmal address: Firmal address: Alisan Schram at Soluthons and Tepon notification) For further information concerning this matter, please call: Alisan Schram at Soluthons and Tepon notification Area Code Daytime Telephone Number Enclosed is a check for the following amount: Alisan Schram at Soluthons and Tepon notification Area Code Daytime Telephone Number Enclosed is a check for the following amount: Associated Schram at Soluthons and Tepon notification Corporations Mailing Address: Registration Section Division of Corporations			
For further information c	oncerning this matter, please ca	all;	19 19 19 19 19 19 19 19 19 19 19 19 19 1
Alison Name o	Schram (Person	at (50/) 346-/ Area Code Daytime	78 4 Telephone Number
Enclosed is a check for the	ne following amount:		
\$25,00 Filing F∞		Certified Copy	Certificate of Status & Certified Copy
Registration S Division of C	Section orporations	Registration Sec Division of Corp	porations
			,

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Schram Racina Solutions LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on hability Company)	our records.)	
he Articles of Organization for this Limited Liability Company	were filed on <u>Fe</u>	bruary 21,202 and assigned	
lorida document number <u>L23000092520</u> .		/	
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited liabi	ility company here:		
	<u> </u>		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the design		
nter new principal offices address, if applicable:		2021 SEL	
Principal office address MUST BE A STREET ADDRESS)		2028 HAR SEDIN	
		R 2	
nter new mailing address, if applicable:		PH C	
Aailing address MAY BE A POST OFFICE BOX)		TE	
1400 G 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n		
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	nddress on our recor	ds, <u>enter the name of the new register</u>	
Name of New Registered Agent:			
New Registered Office Address:	· 		
	Enter Florida si	treet address	
		, Florida	
	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 being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Wayne Schram	9614 159th Ct.N. Jupiter, FL	ØAdd
			□Remove
			□Change
Ambr	Wayne Schram	9614 159th Ct. N. Jupiter	Add
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	 ,		Remove Part Change Part 20 Part 12: 1
			© Pemove
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or	(optional) r more than 90 days after filing.) Pursuant to	605.0207
Note: If the date inserted in this block does not meet the applicable statutory fit document's effective date on the Department of State's records.	ling requirements, this date will not be	listed as
·		
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. rd is filed.		after the
Dated March 17 . 2023. Alison Schram Typed or printed name of signee		
Alisen Schian		-
Signature of a meriber or authorized representati	ive of a member	