L23000162251

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COVER LETTER

Registration Section Division of Corporations

TO:

	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	SILVIA VILA				
		Name of Person			
	ELAN BUSINESS SERVI	ICES CORP.			
		Firm/Company			
	1116 CEDAR FALLS DR				
		Address			
	WESTON, FL 33327				
		City/State and Zip Code			
	SVILA@ELANSERVICE.				
	E-mail address: (to be used for future annual report not	itication)		
For further information c	oncerning this matter, please c	all:			
SILVIA VILA		954 217-6080 at ()			
Name of Person		Area Code Daytin	ne Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres		Street Address:			
Registration Section		Registration Se			
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) inted Liability Company)	
The Articles of Organization for this Limited Liability Com- Florida document number 1.23000162251	pany were filed on FLORIDA	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
VENTURA MOTORSPORTS LLC		
he 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 ADDRES	<u>(S)</u>	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the na	DCT 23 PH O
Name of New Registered Agent:		<u>.</u>
New Registered Office Address:	Enter Florida street address	· ·
	, Florida _	Zin Coda

New Registered Agent's Signature, if changing Registered Agent:

YACHT SERVICE MOROCCO LLC

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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
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ffective date, if other than th an effective date is listed, the date m	e date of filing: _ ust be specific and cor	nnot be prior to dat	e of filing or more than	(optional) 90 days after filing.) Pursuant t	ra 605 0207 (
ote: If the date inserted in this h	block does not mee	t the applicable s	statutory filing requir	ements, this date will not be	e listed as t
ocument's effective date on the l	Department of Stat	e's records.			
record specifies a delayed effecti	va data but not ann	affactive time of	. 12:01 a m. an tha a	arliar of: (b) The O0th dec	, after the
l is filed.	ve date, out not an	enective time, a	1 12.01 a.m. on me e	arrier of. (b) The 20th day	arter the
ated October 16		2024 			
	/				

Typed or printed name of signee