## L23000 363 941

| (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: |
|   |
|   |
|   |

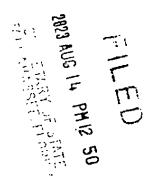
Office Use Only



600413814216

08/14/23--01011--003 \*\*25.00

LLC NIC Amena



A. RAMSEY AUG 2 9 2023

## **COVER LETTER**

TO:

|             | egistration Sec<br>vision of Corp |  |   |   |
|-------------|-----------------------------------|--|---|---|
| CHBIECT     |                                   | TREET & MOROTSPORTS, I                       | LC  |   |
| SUBJECT     | :                                 |  | ited Liability Company  |   |
| The enclose | ed Anicles of <i>i</i>            | Amendment and fee(s) are sub                 | mitted for filing.  |   |
| Please retu | m all correspo                    | ndence concerning this matter                | to the following:   |   |
|             |                                   | CHRISTINE GILROY                             |   |   |
|             |                                   |  | Name of Person  | <del></del>   |
|             |                                   |  | Firm/Company  | <del></del>   |
|             |                                   | 6060 WINDING LAKE D                          | . <del>-</del> .  |   |
|             |                                   | JUPITER, FL 33458                            | Address   |   |
|             |                                   |  | City/State and Zip Code   | ····  |
|             |                                   | E-mail address: (                            | to be used for future annual report notif                           | fication)   |
| For further | information co                    | oncerning this matter, please ca             | all:  |   |
| CHRISTI     | NE GILROY                         |  | 561 215-0562  |   |
|             | Name of                           | Person                                       | Area Code Daytimo   | e Telephone Number  |
| Enclosed is | a check for th                    | ne 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| R           | ailing Addres                     | Section                                      | Street Address:<br>Registration Sec                                 |   |
|             | ivision of C<br>.O. Box 632       | -  | Division of Cor<br>The Centre of T                                  | •   |
|             | allahassee. I                     |  |   | e Street, Suite 810   |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

GILROY STREET & MOROTSPORTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Limited Liability Company) 08/02/2023

| Florida document number L23000363941  |                           | <del>-</del>                                  |
|---|---------------------------|---|
|   |                           |   |
| This amendment is submitted to amend the following:   |                           |   |
| A. If amending name, enter the new name of the limited lia  | bility company here       | :   |
| GILROY STREET & MOTORSPORTS, LLC  |                           |   |
| The new name must be distinguishable and contain the words "Limited Lia   | bility Company," the desi | gnation "L.L.C." or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   | N/A                       |   |
| (Principal office address MUST BE A STREET ADDRESS)   |                           |   |
|   |                           | · · · · · · · · · · · · · · · · · · ·         |
| Enter new mailing address, if applicable:   | N/A                       | -   |
| (Mailing address MAY BE A POST OFFICE BOX)  |                           |   |
| B. If amending the registered agent and/or registered officagent and/or the new registered office address here: | address on our reco       | ords, enter the name of the new registered    |
|   |                           |   |
| Name of New Registered Agent: N/A   |                           |   |
| Name of New Registered Agent: N/A   |                           |   |
| N/4   | Enter Florido             | ı street address                              |
| Name of New Registered Agent: N/A   |                           |   |
| Name of New Registered Agent: N/A   |                           | street address Florida Zip Code               |
| Name of New Registered Agent: N/A   | City                      |   |

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 |
|--------------|-------------|-------------|----------------|
|              |             |             | □Add           |
|              |             |             | □Remove        |
|              |             |             | ☐Change        |
|              |             | <del></del> | □Add           |
|              |             |             | □Remove        |
|              |             | <del></del> | □Change        |
|              |             |             | □Add           |
|              |             |             | □Remove        |
|              |             |             | □Change        |
|              |             |             | □Add           |
|              |             |             | □Remove        |
|              |             |             | □Change        |
|              |             |             | □Add           |
|              |             |             | □Remove        |
|              |             |             | □Change        |
|              |             |             | □ Add          |
|              |             |             | □Remove        |
|              |             |             | Change         |

|   | <del></del>               | <del> </del>            | <del></del>             |                        |
|---|---------------------------|-------------------------|-------------------------|------------------------|
|   |                           |                         |                         |                        |
|   |                           |                         |                         |                        |
|   |                           |                         |                         |                        |
|   |                           |                         |                         |                        |
|   |                           |                         |                         |                        |
| <del></del>                                   |                           |                         |                         |                        |
|   |                           |                         |                         |                        |
|   |                           |                         |                         |                        |
|   |                           | <u> </u>                |                         |                        |
|   |                           |                         |                         | <del></del>            |
|   |                           |                         |                         |                        |
|   | -                         |                         |                         |                        |
| · · · · · · · · · · · · · · · · · · ·         |                           |                         |                         |                        |
|   |                           |                         |                         |                        |
|   |                           |                         |                         |                        |
|   |                           |                         |                         |                        |
|   |                           |                         |                         |                        |
|   |                           |                         | <del> </del>            |                        |
|   |                           |                         |                         |                        |
|   |                           |                         |                         |                        |
| ffective date, if other than the date must be | ate of filing:            | 81 8, 2023              | (option                 | ial)                   |
| ote: If the date inserted in this bloc        | k does not meet the ap    | plicable statutory fili |                         |                        |
| ocument's effective date on the Dep           | artment of State's reco   | rds.                    |                         |                        |
| record specifies a delayed effective of       | date hut not an effectiv  | e time at 12:01 a m     | on the earlier of: (b)  | The 90th day after the |
| l is filed.                                   | and that my an encoun     |                         | . on the current on (o) | the some day area and  |
|   |                           |                         |                         |                        |
| Allerien                                      | 2027                      |                         |                         |                        |
|   |                           |                         |                         |                        |
|   |                           |                         |                         |                        |
| ated AUGUST 8                                 | ignature of a member or a |                         | ve of a member          |                        |