10/24/23, 3:12 PM

To:

Division of Corporations

Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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'Page: 3 of-5 2023-10-24 13:14:55 CST 12122023573 From: David Thomas To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L	HOSS Racing, LLC Inbility Company as it now appears on our records.) Incide Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number	lity Company were filed on	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	• • • • • • • • • • • • • • • • • • • •
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.)	<u></u>	.;
B. If amending the registered agent and/or registagent and/or the new registered office address have a Name of New Registered Agent:	stered office address on our records, <u>enter the na</u> ere:	ne of the new registered
• • • • • • • • • • • • • • • • • • • •		
New Registered Office Address:	Enter Florida street address	
	, Florida	
-	City	7.ip Code
New Registered Agent's Signature, if changing Regi	stered 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

To

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Austin B. Sperry	3838 N. Causeway Blvd., Suite 3335	
		Metairie, LA 70002	≡ Remove
			□Change
MGR	Austin B. Sperry	3838 N. Causeway Blvd., Suite 3335	
		Metairie, LA 70002	□Remove
			□Change
			□Remove
			□Change
		- -	□Add
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Effective date, if other tha	the date of filing	: cannot be prior to 0	late of tiling or more	dan 90 days after filing) _) Pursuant to 605.020
Note: If the date inserted in t	his block does not me	ect the applicable	e statutory filing re	quirements, this date	will not be listed a
document's effective date on	ne Department of St	ate 5 records.			
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Dated October 24		2023			
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Typed or printed name of signee