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T. MARTINE A.S.
JUL. 24, 2024

COVER LETTER

TO:	Registration So Division of Cor			
SUBJE	CMC Racin			
SOBJE	C1:		ited Liability Company	
		Amendment and fee(s) are sub	_	
		Isaida Tijerina		
			Name of Person	
		Duggan, Joiner & Compan	у	
			Firm/Company	
		334 NW 3rd Avenue		
			Address	
		Ocala, Fl. 34475		
			City/State and Zip Code	
		imt@djcocpa.com E-mail address; (to be used for future annual report i	otification)
For fur	ther information c	oncerning this matter, please co		······,
Isaida T			352 732-0171	
	Name o	f Person	Area Code Day	time Telephone Number
Enclose	ed is a check for th	he following amount:		
■ \$2:	5.00 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 Address		Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CMC Racing, LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	, ·
The Articles of Organization for this Limited Liab	oility Company were filed on March 15, 2024	and assigned
lorida document number 1.24000130540		
his amendment is submitted to amend the follow	ing:	
If amending name, <u>enter the new name of th</u>	he limited liability company here:	
he new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
nter new principal offices address, if applicab	le:	
Principal office address MUST BE A STREET /	ADDRESS)	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
N 16 11 12 11 11 11 11 11 11 11 11 11 11 11		
6. If amending the registered agent and/or registered office address l	istered office address on our records, <u>enter the n</u> here:	ame of the new regist
	 -	
Name of New Registered Agent:		
New Registered Office Address:		
Regimered Office (radiess).	Enter Florida street 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 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>	Name	Address	Type of Action
MGR	Colby Casse	6851 SW 66th Street Ocala, FL 34476	■ Add
			□Remove
			□ Change
			□Add
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	March 15		(optional)	o to 605 0207
ffective date, if other than the an effective date is listed, the date mote: If the date inserted in this ocument's effective date on the	ust be specific and cannot be priblock does not meet the app Department of State's record	licable statutory filing requ ds.	irements, this date will not	be listed as
an effective date is listed, the date mote: If the date inserted in this ocument's effective date on the record specifies a delayed effect is filed.	ust be specific and cannot be priblock does not meet the app Department of State's record	licable statutory filing requ ds.	irements, this date will not	be listed as
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an effective date is listed, the date mote: If the date inserted in this ocument's effective date on the record specifies a delayed effect is filed.	ust be specific and cannot be probleck does not meet the app Department of State's recordive date, but not an effective $\frac{2024}{100000000000000000000000000000000000$	licable statutory filing requ ds.	irements, this date will not earlier of: (b) The 90th d	be listed as

Filing Fee: \$25.00