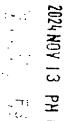
(Out and to Name)			
(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Cartificat Canina Cartificator of Status			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: JS	RACING, LLC Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	·
		NNATTI Name of Person NNATTI PLLC Firm/Company	
	•	FREEWAY, SUITE	B741
		City/State and Zip Code Code	Com lication)
For further information co	oncerning this matter, please c		
Phillip CANN Name of	Person	at (<u>214</u>) <u>272 –</u> Area Code Daytime	8134 Telephone Number
Enclosed is a check for th	e 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 Address	s:	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 ARTICLES OF ORGANIZATION

	OF SAN	Or Co
	by Company were filed on $\frac{4/22}{7024}$	and assigned
This amendment is submitted to amend the following	<u>;</u>	
A. If amending name, enter the new name of th	fimited liability company here:	
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable	100 PIRATES CONE	
(Principal office address MUST BE A STREET A		D
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
agent and/or the new registered office address h	ered office address on our records, <u>enter the name</u> <u>re</u> :	of the new registered
New Registered Office Address:	<u> </u>	
_	Enter Florida street address	
-	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Regi	ered Agent:	

<u>N</u>

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

Title	<u>Name</u>	Address	Type of Action
	N/A	NIA	□Add
			□ Remove
			Change
			□Remove
			Change
			□ Add
			□ Remove
		-	□Change
			□Remove
			Change
			□Remove
			□Change
			□Add
			Remove
			Change

Page 2 of 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of b) The 90th day after the record is filed.
Dated $9/30/7024$
Dated 9/30/2024. , Philip Careatte Signature of a member or authorized representative of a member
Signature of a member or authorized representative of a member
PHILLIP CANNATTI ATTORNEY W FACT Typed or printed name of signee