Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000247766 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053

Phone

Fax Number

: (561)694-8107 : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

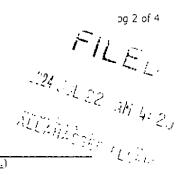
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LC2-SPEEDWAY PROMOTE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

K. SALY

HH 2 3 2024

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



LC2-SPEEDWAY PROMOTE, LLC

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

The Articles of Organization for this Limited Liabi	lity Company	were filed on May 2	8, 2024	and assigned
Florida document number £24000232541	_ ·			
This amendment is submitted to amend the following	uā:			
A. If amending name, enter the new name of the	<u>e limited liabi</u>	lity company here:		
LC2-HAINES CITY PROMOTE, LLC				
The new name must be distinguishable and contain the words	S "Limited Liabil	ty Company," the desig	nation "LLC" or the ab	breviation "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>X)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered office address he		ddress on our reco	rds, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
_			, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing Regi-	stered Agent:			
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the regi company has been notified in writing of this cha	md complete ; red agent as p istered office :	performance of my rovided for in Chaj	duties, and I am forter 605, F.S. Or,	uniliar with and if this document is

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>	Name	Address	Type of Action
			□Remove
			□Change
			— E □ Add
			
			Remove
			☐ Change
		-	
			□ □Remove
			☐ Change
			□Add
		□ Пепюче	
			□Change
			CJAdd
			ПRетюче

Docusign Envelope ID: 510D40F6-999B-4E8E-8387-F0B4E8B8333E

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: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If 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. July 22 Dated Nathan David Workman Signature of a member or authorized representative of a member Nathan David Workman Typed or printed name of signee

