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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEALER CONSULTING SERVICES, INC.

Account Number : I20010000121 Phone : (305)758-9001 Fax Number : (786)410-6035

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

Email Address: CORPORATIONS@DCS-NETWORK.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN S&J MOTORSPORTS LLC

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COVER LETTER

\$ H24000 2377113

| TO: Registration Se Division of Cor | | | |
|--|--|---|--|
| S&J MOTO | DRSPORTS LLÇ | | |
| SUBJECT [®] | Name of Lim | ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | JADE MARTINEZ | | |
| | | Name of Person | |
| | | | |
| | DEALER CONSULTING | | |
| | | Firm/Company | |
| | 7537 NW 7TH AVE | | |
| | · · · · · · · · · · · · · · · · · · · | Address | |
| | MIAMI, FL 33150 | | |
| | *************************************** | City/State and Zip Code | |
| | CORPORATIONS@DCS-I | NETWORK.COM to be used for future annual report notif | Toution) |
| mana aka Sasa sasa | | · | reaction) |
| ror turther information c | oncerning this matter, please c | ali: | |
| JADEMARTINEZ | | 305 758-9001 at () | |
| Name o | of Person | Area Code Daytime | e Telephone Number |
| Enclosed is a check for the | he 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 Addres Registration | | Street Address: Registration Sec | ction |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H240002377113

| \$&J MOTORSPORTS LLC | | |
|--|---|--|
| (Name of the Limit | ed Liability Company as it now appears (A Florida Limited Liability Company) | on our records.) |
| The Articles of Organization for this Limited L Florida document number L24000259325 | iability Company were filed on 06/0 | 6/2024 and assigned |
| This amendment is submitted to amend the following | owing: | |
| A. If amending name, enter the new name o | f the limited liability company her | <u>e</u> ; |
| The new name must be distinguishable and contain the w | vords "Limited Liability Company," the de- | signation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applic | able: | |
| (Principal office address MUST BE A STREE | T ADDRESS) | |
| | | |
| Enter new mailing address, if applicable: | | QD = QD |
| (Mailing address MAY BE A POST OFFICE | *I * | |
| | | |
| | | V3 [|
| B. If amending the registered agent and/or registered office addresses and/or the new registered office addresses. | | cords, enter the name of the new registered |
| Name of New Registered Agent: | HORACE H. CASTLE | 29 |
| New Registered Office Address: | 620 E EVANSTON CIR | O . |
| | Enter Flori | da street address |
| | FORT LAUDERDALE | , Florida 33312 |
| | 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.

HORICE H. USTLE

If Changing Registered Agent, Signature of New Registered Agent

H2N 000 23 77113

To: +18506176383

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II amenuing Authorized rerson(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 |
|--------------|--------------------|--|----------------|
| MGRM | JENNIFER E. CASTLE | 620 E EVANSTON CIR | |
| | | FORT LAUDERDALE, FL 33312 | ■Remove |
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| record specifies a delayed e d is filed. | fective date, but not an |) effective time | e, at 12:01 a.m. on | the earlier of: (b) | The 90th day after the |
| 07-10 | | 2024 | | | |
| = | DocuSigned by | | | | |
| | HORALE | H. CASTLA | ϵ | | |
| | 1,5,7,500 | 110 000 10 | ed representative of | | |