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(Reque	estor's Name)	
(Addre	ss)	
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(City/S	tate/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Name	e)
(Docur	ment Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Filin	ng Officer:	





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FORE MARY OF STATE ALL ALIASSEE, FL

10/28/24--01022--007 **35.00

COVER LETTER

TO:	Registration Sect Division of Corp			
CHEA	PCT.	WEYH	MOTORSPORTS	
SUBJ.	ECT:	Name of Lin	MOTORS PORTS nited Liability Company	
The er	nclosed Articles of A	mendment and fee(s) are sul	emitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
			Name of Person	
			Name of Person	
			WEYH MUTORS	PORTS
			Firm/Company	
		605 S	BEITTA ST SANFOR	d Fe 32773
			Address	
		Santon	25 Fc. 32773 City/State and Zip Code	
			•	
		WEY!	1. DANNY @ GMAIL.	notification)
For fi	arther information co	ncerning this matter, please		
	DANIEC	WEYH	at (407) 47 Area Code Day	94 9468
	Name of	Person	Area Code Day	cime Telephone Number
Enclo	osed is a check for th	e following amount:	ACREADY PAID	
	325.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	ection orporations 7	The Centre of	Section Corporations of Tallahassee nroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WEYH MOT	TORSPORTS	
(Name of the Limited Liability Company as (A Florida Limited Liability	it now appears on our records ry Company)	Ŋ
he Articles of Organization for this Limited Liability Company were lorida document number <u>L2400386729</u> .	filed on9/4	/24 and assigned
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liability of	company here:	
e new name must be distinguishable and contain the words "Limited Liability Con	mpany," the designation "LLC"	or the abbreviation "L.L.C."
ter new principal offices address, if applicable:	n/A	
rincipal office address MUST BE A STREET ADDRESS)		202
		2024 00 SECRE TALL
nter new mailing address, if applicable:	n/a	T 28
failing address MAY BE A POST OFFICE BOX)		
		ッ は - 2 5
		60
If amending the registered agent and/or registered office addresent and/or the new registered office address here:	ss on our records, enter th	he name of the new regist
	,	
Name of New Registered Agent:	n/a	
New Registered Office Address:	n/a	
	Enter Florida street address	
	, Flor	ida
Ci	ity	7.ip 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 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
<u>S</u>	Kirissaweyn	605 Sovita St Sonford, F1 30	723_ TP/Add
			□ Remove
			ПСтипес
CFO	DANIEL WEYY	605 SMITH ST. SANGU	40 Furado 32773
		Remove	
			Change
			□ Remove
			Change
			[] A dd
			□ Remove
			Change
		DAdd	
		⊡ Rетю∨е	
		Change	
		□Add	
			Пкеточе
			□Change

amen	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ໂພກeffe No te: ໄ	e date, if other than the date of filing:
record d is file	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 d.
Dated _	12/11/24
	Signature of penember or authorized representative of a member
	DANIEC WEYH Typed or printed name of signee

Filing Fee: \$25.00