

12/10/24, 12:56 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

H240004063313

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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
GES MOTORSPORT LLC**

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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December 11, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GES MOTORSPORT LLC
1891 CHURCH ST
WEST PALM BEACH, FL 33409US

SUBJECT: GES MOTORSPORT LLC
REF: L24000502624

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted is incomplete, missing last page (signature page).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H24000406331
Letter Number: 224A00026845

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#24000406313

GES MOTORSPORT 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 Liability Company were filed on 12/02/2024 and assigned
Florida document number L24000502924.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1883 CHURCH STREET

WEST PALM BEACH, FL 33409

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1883 CHURCH STREET

WEST PALM BEACH, FL 33409

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

RODRIGUEZ GOMEZ, GERALDI

New Registered Office Address:

1883 CHURCH STREET

Enter Florida street address

WEST PALM BEACH

Florida

33409

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.

GERALDI

If Changing Registered Agent, Signature of New Registered Agent

#2400040633B

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

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.

Dated Dec, 09, 2024

Emilio R

Signature of a member or authorized representative of a member

Geraudi Rodriguez

Typed or printed name of signee

Filing Fee: \$25.00