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COVER LETTER

TO: Registration So Division of Cor			
	E RACING LLC		
SUBJECT:	Name of Lin	aited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	AFFONSO GIAFFONE	NETTO	
		Name of Person	
		Firm/Company	
	16433 E TRAFALGAR D	PR	
		Address	
	LOXAHATCHEE / FLOR	RIDA / 33470	
	AFFONSO@GIAFFONE.	City/State and Zip Code	
For firsther information of	E-mail address: (to be used for future annual report not	ification)
AFFONSO GIAFFONE		305 890 1255	
Name o	f Person	at () Area Code Daytim	ne 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 Se	ection
Division of C	Corporations	Division of Cor	rporations
P.O. Box 632 Tallahassee,		The Centre of 7 2415 N. Monro	l allanassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GIAFFONE RACING LLC					
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our records. Liability Company))		
The Articles of Organization for this Limited Liability Company were filed on APRIL 25, 2025 Florida document number 1.25000197567					
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name o	of the <u>limited lia</u>	bility company here:			
n/a					
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if appli	cable:	n/a			
Principal office address MUST BE A STREE	ET ADDRESS)	<u> </u>			
			. 2		
Enter new mailing address, if applicable:		n/a	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)			<u>ω</u>		
			, vi		
3. If amending the registered agent and/or agent and/or the new registered office addre	registered office ess here:	address on our records, <u>enter th</u>	ne name of the new regis		
Name of New Registered Agent:	n/a				
New Registered Office Address:					
	· · · · · · · · · · · · · · · · · · ·	Enter Florida street address			
		, Flor	ida		
		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.

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>	<u>Name</u>	Address	Type of Action
AMBR	AFFONSO GIAFFONE NEITO	16433 ETRAFALGAR DR	= Add
		LOXAHATCHEE / FLORIDA / 33470	□ Remove
			□Change
			□Add
			Remove
			□ Change
			□Add
			□ Remove
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			□ Changa

reffecti <u>te:</u> If t	date, if other than the date of filing:
cord s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	NUMY 71ST 7025
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ted	Signature of a member or authorized representative of a member