

L15000053040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

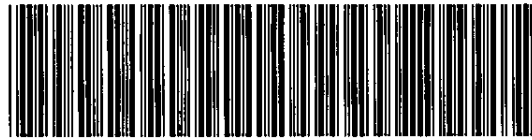
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15 JUN - 1 AM 8:40  
REGISTRY OF DEEDS  
STATE OF WISCONSIN

M. MILLIGAN  
EXAMINER

JUN - 3 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 7, 2015

D'LEON INC  
ATTN: SUSIE D'LEON  
4201 N FEDERAL HWY, STE. E  
POMPANO BEACH, FL 33064

SUBJECT: SPEED MAX AUTO TRANSPORT LOGISTICS, LLC  
Ref. Number: L15000053040

We have received your document for SPEED MAX AUTO TRANSPORT LOGISTICS, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$30.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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.

Michelle Milligan  
Senior Section Administrator

Letter Number: 815A00009511

RECEIVED  
15 JUN - 1 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SPEED MAX AUTO TRANSPORT LOGISTICS, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SUSIE D'LEON  
Name of Person

D'LEON INC  
Firm/Company

4201 N FEDERAL HWY SUITE E  
Address

POMPANO BEACH, FL 33064  
City/State and Zip Code

SUSIE@DLEON.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUSIE D'LEON at ( 954 ) 652.9475  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Speed Max Auto Transport Logistics, 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 03/25/15 and assigned  
Florida document number L15000053040

FILED  
JUN - 1 11 AM '15  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
DADE FLORIDA

This amendment is submitted to amend the following:

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

Max Speed Auto Transport Logistics, LLC

The new name must be distinguishable and end with 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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

*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 Changing Registered Agent, Signature of New Registered Agent**

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	
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		_____	<input type="checkbox"/> Remove
		_____	

15 JUN - 2015  
FILED  
MAY 15 2015  
OFFICE OF THE  
CLERK OF SUPERIOR COURT  
STATE OF CALIFORNIA  
COUNTY OF SAN DIEGO

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)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 28<sup>th</sup> 2015

Signature of a member or authorized representative of a member

Julio Roberto Gokos  
Typed or printed name of signee

FILED  
15 JUN -1 AM 8:40  
CORPORATION DIVISION  
FLORIDA DEPARTMENT OF STATE