

Division of Corporations

LA3000287308

Florida Department of State
Division of Corporations
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To: Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VALHALLA KINGDOM OF SPEED LLC

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AUG 22 2023
LEMMIEUX

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VALHALLA KINGDOM OF SPEED 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:

LOVETTE DOBSON
Name of Person

Firm/Company

17350 STATE HWY 249 STE 220
Address

HOUSTON, TX 77064
City/State and Zip Code

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

LOVETTE DOBSON at () 888-462-3453
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 Address:
 Registration Section
 Division of Corporations
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VALHALLA KINGDOM OF SPEED 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 05/11/2023 and assigned Florida document number 1.23000232617

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)

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Diego Sebastian Aviles Malave	210 Sw 11th St Unit 204	<input type="checkbox"/> Add
		Miami, FL 33130	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Diego Lorenzo Aviles Malave	210 Sw 11th St Unit 204	<input type="checkbox"/> Add
		Miami, FL 33130	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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)

If an effective date is stated, the law is not specific and cannot be applied to date of filing if more than 90 days after filing (Pursuant to 00502.07.00.01)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date in 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 _____ is filed.

Date: August 18th, 2023

Diego Sebastian Aviles Malave

 Signature of member or authorized representative of a member

Diego Sebastian Aviles Malave

 Type or printed name of signer