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K. SALY EXAMINER AUG 1 3 2013

## **COVER LETTER**

TO:	Registration Sect Division of Corpo		•	
SUBJI	ECT:	FLORIDA	SPEED, LLC.	
			ed Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspond	lence concerning this matter	to the following:	
		MAX	EPSTEIN	
			Name of Person	
			Fig. Company	<del></del>
		- 1101	Firm Company	
		13618 0	AR RUN COURT	
			Address	
		SEMINULE	FL 3377	
		13618  SEMINULE  MOX. EISTE  E-mail address: (to	City/State and Zip Code  (IN 6) GMAIL - COM  o be used for future annual report notification	) on)
For fur	ther information con	cerning this matter, please ca	all:	
	MARTIN	ENSTEIN	at (727) 4222	117
	Name of P	erson	Area Code & Daytime Tel	lephone Number
Enclos	ed is a check for the	following amount:		
\$25	5.00 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**

FILED

13 AUS -9 PM 1: 57

FZURI	DA.	SPEED	46	SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Name of the Limited Li (A F	ability Comp orida Limited	any as it now app Liability Compan	y)	<u>18.</u> )
The Articles of Organization for this Limited Liab	sility Compan	y were filed on _	9/8/20	and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	he limited lia	bility company	here:	
The new name must be distinguishable and end with t "L.L.C."	the words "Lin	rited Liability Cor	npany," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:			na kita waka na 1868 ani na kata kata kata na 1868 ani na 1868
(Principal office address MUST BE A STREET	ADDRESS)	<del></del>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	233			
Mulang duties MAI BLAI OSI OITICL BO	<u> 22<b>V</b></u>			
B. If amending the registered agent and/or registered agent and/or the new registered office			n our records, <u>e</u>	enter the name of the new
Name of New Registered Agent:				
New Registered Office Address:	1058	8 72 9	51 501	TE 507
	<u></u>	1260	Enter Florida stre , Flori	eet address  da 3777  Zip Code
N. B. Bartan and A. and Change (4.1)				Zip Code
New Registered Agent's Signature, if changing Rea	zistered Agon	[:		

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
116R	MALTIN ENTEN	10550 72 5T SUITE 507	Add
M/n.M	Max FROTLIN	5 UTE 501 LARGO FZ 3377 1368 OAK RUN C SEMINUKE FZ 337	Remove
// <u>8/21</u> /	1/10x 2psicir	SEMINULE FL 33;	Add Add Remove
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<b>D</b> . 1	lf am	énding any	other ii	ıformation	, enter chang	e(s) here:	(Attach additional	sheets, if necessary.,	)
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			·····		****				<u> </u>
Date	ed .	DUG	T	7	201	<i>7</i>			
				10	les L	·	5_		
				Signatu	re of a member	or authori	zed representative of a	n member	
				1/10	Typed	or printed	name of signee		

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Filing Fee: \$25.00