

L13 0000 23809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

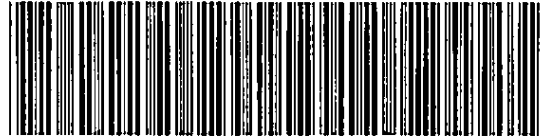
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300337844863

12/13/19--01006--010 **25.00

2019 DEC 13 PM 5:44

ST: ED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SPEEDBIRD SERVICES 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:

SCOTTY G TAYLOR JR MGR

Name of Person

SST SOLUTIONS LLC

Firm/Company

5379 Lyons Rd #875

Address

Coconut Creek, FL 33073

City/State and Zip Code

SCOTT@ZEEBSMAIL.COM

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

For further information concerning this matter, please call:

SCOTTY G TAYLOR JR

954

461-7800

at (_____) _____

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**

SPEEDBIRD SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 DEC 13 PM 5:44

The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 14, 2013 and assigned
Florida document number L13000023809.

This amendment is submitted to amend the following:

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

N/A

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)

C/O SST SOLUTIONS LLC

5379 LYONS RD #875

COCONUT CREEK, FL 33073

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O SST SOLUTIONS LLC

5379 LYONS RD #875

~~5379 LYONS RD #875~~

COCONUT CREEK FL 33073

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:

SCOTTY G. TAYLOR JR

New Registered Office Address:

5379 LYONS RD #875

Enter Florida street address

COCONUT CREEK

, Florida 33073

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>
MGR	SCOTTY GENE TAYLOR JR	6390 NW 106TH TER	<input checked="" type="checkbox"/> Add
		PARKLAND FL 33076	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STEFANA JEANNE TAYLOR	6390 NW 106TH TER	<input checked="" type="checkbox"/> Add
		PARKLAND FL 33076	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TERESA WALKER HINES	1815 N SURF RD	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33019	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.

Dated October 27, 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee