14000015281

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(D)	-i Fishin No.	
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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COVER LETTER

TO: Registration Sec Division of Corp			w.\	
SUBJECT:	SPEEDMAQ GROUP			
	Name of Lin	nited Liability Company		
	Amendment and fee(s) are sub	-		
	I.EONARDO VEI.	LOSO QUITERIO		
	TROUVIDO AFP	Name of Person		
	LAW OFFICES	OF BARRY N. BRUMER Firm/Company		
	7055 S. KIRK	MAN RD. STE. 116 Address		
	ORLANDO, FLOR	TDA 32819		. ~~
	ORBANDO, 1201	City/State and Zip Code		=
	BB@BARR	YBRUMER.COM		JIHFEB-4
		to be used for future annual report notific	cation)	0
For further information co	oncerning this matter, please c	all:		2014 FEB -4 PM 1: 28
LEONARDO	VELLOSO QUITERI			
Name of	Person	Area Code Daytime	Telephone Number	22
Enclosed is a check for th	e 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 I Certificate of Certified Cop (additional copy	Status & y
	NG ADDRESS:	STREET/COURIE	R ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPEEDMAQ GROUP, LL				
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) orida Limited Liability Company)		_	
The Articles of Organization for this Limited Liability Florida document number L14000015281	y Company were filed on 01/28/2014	and	assigned	l
This amendment is submitted to amend the following	y.			
A. If amending name, enter the new name of the I	limited liability company here:			
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LLC" or th	e abbreviatio	on "L.L.C."	- -
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DDRESS)			
		声语	10	
Enter new mailing address, if applicable:			- 83J	estate a.
		· · · · ·		<u>E</u>
(Mailing address MAY BE A POST OFFICE BOX)		12.		in it.
B. If amending the registered agent and/or re	egistered office address on our records, ente	er the nai	— ∾ me of th	ie nev
registered agent and/or the new registered office a	address here:			
Name of New Registered Agent:			<u></u>	
New Registered Office Address:	Enter Florida street address	_		
	, Florida			
	City	Zin C	ode	

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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LUIZA BOTTINI PINTO	230 Las Fuentes dr. kissim	me <mark></mark> ⊟ Add
		Florida, 34746	X Remove
MGR	CAROLINA BOTTINI PINTO	230 Las Fuentes dr.	M Add
		Kissimmee, florida 34746	□ Remove
			Refigere CB -4 C C Add P 1: 2
			⊒ □ Reffigve
			Add
			Remove
			Add
			□ Remove

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	than the date of filing: (optional) ecific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after d by the Florida Department of State)
e date this document is file	d by the Florida Department of State)
	d by the Florida Department of State)

Page 3 of 3

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