L15000053040

(Re	questor's Name)	
. (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
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TO JUN - N SO LO

M. MILLIGAN EXAMINER JUN - 8 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

www.sunbiz.org

COVER LETTER

	ision of Cor			
SUBJECT:		X AUTO TRANSPORT LOG	ISTICS, LLC	
SOBJECT.		Name of Limi	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please return	all correspon	ndence 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 3	33064	
			City/State and Zip Code	
		SUSIE@DLEON.COM		
		E-mail address: (t	to be used for future annual report notific	cation)
For further i	nformation co	oncerning this matter, please ca	all:	
SUSIE D'L			954 652.9475 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00 I	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 03/25/1	5 and assigned
Florida document number L15000053040		5
This amendment is submitted to amend the following:		•
A. If amending name, enter the new name of the limited liab	oility company here:	
Max Speed Auto Transport Logistics, LLC		
The new name must be distinguishable and end with the words "Limited Liab	bility Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enton none mailing address if annihila	**************************************	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	ı address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	i	

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

111111111111111111111111111111111111111	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			□ Add
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. If amending any other information, e	nter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date o	f filing: (ontional)
Effective date, if other than the date of (The effective date must be specific, cannot be printed date this document is filed by the Florida De	f filing: (optional) or to date of receipt or filed date and cannot be more than 90 days after partment of State)
Dated April 2840	partment of State)

Page 3 of 3

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