

L15000053040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

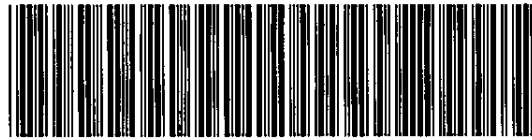
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JUN 3 2015

M. MILLIGAN  
EXAMINER

JUN - 3 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
15 JUN - 1 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SPEED MAX AUTO TRANSPORT LOGISTICS, 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:

SUSIE D'LEON

Name of Person

D'LEON INC

Firm/Company

4201 N FEDERAL HWY SUITE E

Address

POMPANO BEACH, FL 33064

City/State and Zip Code

SUSIE@DLEON.COM

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

For further information concerning this matter, please call:

SUSIE D'LEON

Name of Person

954 652.9475  
at ( )

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

FILED  
JUN - 1 1964  
15  
40  
and assigned

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

Page 1 of 3



D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

*(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)*

Dated April 28<sup>th</sup>

2015

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

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15 JUN -1 AM 8:40  
CLERK OF THE COURT  
JULIO ROBERTO GOKES