

L5000088491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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MAY 12 2016  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 13, 2016

MARIA T AZEREDO  
TAXES & ACCOUNTING SOLUTIONS  
9300 NW 25TH STREET #109  
MIAMI, FL 33172

SUBJECT: K. A. M. T. LLC  
Ref. Number: L15000088491

We have received your document for K. A. M. T. LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 016A00007593

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** K.A.M.T. 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:

MARIA T AZEREDO

\_\_\_\_\_  
Name of Person

TAXES & ACCOUNTING SOLUTIONS

\_\_\_\_\_  
Firm/Company

9300 NW 25TH ST # 109

\_\_\_\_\_  
Address

MIAMI FL 33172

\_\_\_\_\_  
City/State and Zip Code

MAZEREDO@TASMIAMI.COM

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

For further information concerning this matter, please call:

MARIA T AZEREDO

305 418-1585  
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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

K.A.M.T. 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 05/19/2015 and assigned  
Florida document number L15000088491.

This amendment is submitted to amend the following:

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

SPEED AUTO SERVICES LLC

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)**

8005 LAKE DRIVE

# 111

DORAL FL 33166

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

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**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:

ANDRES EDUARDO BARRETO GAERSTE

New Registered Office Address:

8005 LAKE DRIVE # 111

*Enter Florida street address*

DORAL

*City*

, Florida 33166

*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.*

Andres B. Barreto Gaerste      Kamal Moci Z  
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	ANDRESS EDUARDO BARRETO	8005 LAKE DRIVE	<input checked="" type="checkbox"/> Add
	GAERSTE	#111	<input type="checkbox"/> Remove
		DORAL FL 33166	<input type="checkbox"/> Change
MGR	KAMAL A MUCI TORRES	8005 LAKE DRIVE	<input type="checkbox"/> Add
		#201	<input checked="" type="checkbox"/> Remove
		DORAL FL 33166	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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**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)**

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

04/05/2016

6. Justin Gharab

Andrés Eduardo Barreto

Typed or printed name of signee