

L15000213018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

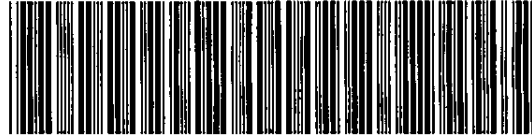
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300284366213

04/12/16--01016--006 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 APR 12 PM 1:27

FILED

APR 13 2016
BRUC

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HAVOC SPEED 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:

ANTHONY RUBANO

Name of Person

HAVOC SPEED LLC

Firm/Company

3570 CONSUMER STREET SUITE 8

Address

WEST PALM BEACH, FL 33404

City/State and Zip Code

ADMIN@HAVOCSPEED.COM

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

For further information concerning this matter, please call:

ANTHONY RUBANO

561 729-8213
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

FILED
2015 APR 12 PM 1:27
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

HAVOC SPEED 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 12/18/2015 and assigned
Florida document number L15000213018.

This amendment is submitted to amend the following:

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

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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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:

RUBANO, ANTHONY

New Registered Office Address:

3570 CONSUMER STREET SUITE 8

Enter Florida street address

WEST PALM BEACH

City

, Florida 33404

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>
AMBR	RAYMOND BLAIZE	3570 CONSUMER STREET	<input checked="" type="checkbox"/> Add
		SUITE 4	<input type="checkbox"/> Remove
		WEST PALM BEACH, FL 33404	<input type="checkbox"/> Change
AMBR	ANTHONY RUBANO	3570 CONSUMER STREET	<input type="checkbox"/> Add
		SUITE 8	<input type="checkbox"/> Remove
		WEST PALM BEACH, FL 33404	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 2016 APR 02 PM 1:27
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

[illegible]

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 March 19 2016

Anthony Ward
Signature of a member or authorized representative of a member

ANTHONY RUBANO

Typed or printed name of signee

FILED
2016 APR 12 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA