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DIVISION OF CONFIGRATIONS

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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
G Speed Se	rvices		
SUBJECT:	Name of Lim		
	Amendment and fee(s) are sub	_	
Please return all correspo	ndence concerning this matter	to the following:	I
	Julia Kim		
		Name of Person	<u>.</u>
	ł		
		Address	
	Orlando, FL 32835		
	TO Supermentum to a com-	City/State and Zip Code	T
	ra@momentumtac.com E-mail address: (to be used for future annual report notification	ation)
For further information e	oncerning this matter, please c	all:	
Glauber de Carvalho San	itos	321 948-8564	
Name o	f Person		elephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Fiting 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)
Registr Divisio P.O. Be	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIEI Registration Section Division of Corporati Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G Speed Services LLC				
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Lia Florida document number L17000088707	bility Company	were filed on 04/21/2017	and assigned	
his amendment is submitted to amend the follow	wing:	,		
A. If amending name, enter the new name of			<u> </u>	
The new name must be distinguishable and contain the we	rds "Limited Liabi	lity Company." the designation "LLC" or th	e abbreviation Z.L.C."	
Enter new principal offices address, if applica		13112 Heather Moss Dr #613	2 G - 2	
Principal office address MUST BE A STREET		Orlando, FL 32837		
			<u> </u>	
Enter new mailing address, if applicable:		13112 Heather Moss Dr #613	1 2:07	
Mailing address MAY BE A POST OFFICE E	3 <i>OX</i>)	Orlando, FL 32837		
3. If amending the registered agent and/oregistered agent and/or the new registered off	•		ter the name of the new	
Name of New Registered Agent:	Eliane Cristina	Souza Santos		
New Registered Office Address:	13112 Heather	Moss Dr #613		
The Mogration of the Financial		Enter Florida street address		
Orlande		, Florida	32837	
		City	Zip Code	
New Registered Agent's Signature, if changing R	egistered Agent:			
hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as registleing filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of the company has been notified in writing the company has been notified in the company has	r and complete tered agent as _l egistered office	performance of my duties, and I o provided for in Chapter 605, F.S.	om familiar with and Or, if this document is	
	If Ch.	Lione Official nging Registered Agent, Signature of New	v Panistorad Agent	
	II Cha	nging Registered Agent, <u>Signature of Ne</u> y	Kezisterea Vzeut	

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>	Address	Type of Action
	•		
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(If an effective Note: If th	e date is listed, the date inserted	than the date of the date must be spo I in this block do to on the Departm	eific and canno es not meet th	e applicable s		ore than 90 days			
		delayed effe the record is		but not an	effective t	ime, at 12:	01 a.m. o	n the earlie	er of
Dated	08/01	-	Jo es		· ,				
•		Signal	ure of atmembe	r or authorized	representative	of a member		·	
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Page 3 of 3

Filing Fee: \$25.00