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COVER LETTER ...

Division of Cor	porations		
ATLANTIC SUBJECT:	C SPEED LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fce(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARY DEL ZOTTO		
		Name of Person	
		Firm/Company	
	4950 NW 150TH AVE		
		Address	
	MORRISTON, FL 32668		
	MARYDELZOTTO@GMA	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
MARY DEL ZOTTO	9 no.	352 812-4824 at ()	
Name o	f Person		Telephone Number
Enclosed is a check for the	he 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

TO: Registration Section

Division of Corporations
P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building Tallahassee, FL 32314

2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATLANTIC SPEED LLC				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on MAY 10, 2017	and assigned		
Florida document number L17000104632				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	ne abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	4950 NW 150TH AVE			
(Principal office address MUST BE A STREET ADDRESS)	MORRISTON FL 32668	The second second		
Enter new mailing address, if applicable:	4950 NW 150TH AVE	30 1		
(Mailing address MAY BE A POST_OFFICE BOX)	MORRISTON FL 32668	marine make the case		
		23		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		iter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	l@laudda			
	, Florid	Zip Code		
Now Dogistored Agent's Signature if changing Registered Agent				

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>Address</u> **Type of Action** <u>Name</u> Title _□ Add _□ Remove _ Change _□ Remove __ Add _□ Remove ☐ Change □ Add □ Remove □ Change □ Add ☐ Remove _ Change □ Add ☐ Remove _□ Change

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fective date, if other than the dan effective date is listed, the date must be ote: If the date inserted in this block becament's effective date on the Dep	be specific and cannot be proceed the app	ior to date of filing or n licable statutory filin	(option nore than 90 days after f ag requirements, this	iling.) Pursuant to 605.020
e record specifies a delayed The 90th day after the reco	effective date, but rd is filed.	not an effective	time, at 12:01 a.	m. on the earlier o
ated MAY 25	, 2017			
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Filing Fee: \$25.00