

217000113044

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(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS  
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SEP 12 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

FAST LOAD DELIVERY LLC

**SUBJECT:** \_\_\_\_\_  
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:

Denis Milovanov

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Name of Person

FAST LOAD DELIVERY LLC

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3999 West Hallandale Beach Blvd

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Address

West Park, Florida, 33023

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

fastloadllc@gmail.com

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

For further information concerning this matter, please call:

Denis Milovanov	312	241-8233
_____	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

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

FAST LOAD DELIVERY 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 05/22/2017 and assigned  
Florida document number 117000113044.

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)

3999 West Hallandale Beach BLVD

West Park, FL, 33023

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3999 West Hallandale Beach BLVD

West Park, FL, 33023

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DIVISION OF CORPORATIONS  
18 SEP - 7 AM 11:44

**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:

Denis Milovanov

New Registered Office Address:

3999 West Hallandale Beach BLVD

Enter Florida street address

West Park

Florida 33023

City

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>
MGR	SHEPELEV ANDREY	1918 HARRISON ST STE 214	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MILOVANOV DENIS	1918 HARRISON ST STE 214	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MILOVANOV DENIS	3999 WEST HALLANDALE BEACH BLVD	<input checked="" type="checkbox"/> Add
		WEST PARK, FL 33023	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

**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.

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

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Typed or printed name of signee