Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

(i)

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Address:	
	Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SPEEDUP TRADER LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Jacoba c

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 10/02/2018 and assigne Florida document number L18000233098 This amendment is submitted to amend the following:

	£ 3
A. If amending name, enter the new name of the limited liability company	here:
	G
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:	
	. 7
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	<u>بي</u> . ل
	J.*
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 of	on our records, <u>enter the name of the new</u>
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here:	on our records, <u>enter the name of the new</u>
	on our records, <u>enter the name of the new</u>
	on our records, <u>enter the name of the new</u>
registered agent and/or the new registered office address here:	on our records, <u>enter the name of the new</u>

New Registered Agent's Signature, if changing Registered Agent:

SPEEDUP TRADER LLC

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.

City

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>	Address	Type of Action
MGR	ARRAMBIDE, ARRAMBIDE	3127 ROYAL TUSCAN LN	□ Add
		VALRICO, FL 33594	☑ Remove
			Change
MGR	Marcello Arrambide	3127 ROYAL TUSCAN LN	
		VALRICO, FL 33594	Reinove
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	an effective	ime, at 12:01	a.m. on the ear	lier of:
2018				
an Toble				
a member or author	ized representative	of a member		
	t meet the applical f State's records. date, but not d. 2018 a member or author	and cannot be prior to date of filing or not meet the applicable statutory filing f State's records. Additional date of filing or not an effective to the applicable and a	and cannot be prior to date of filing or more than 90 days after the applicable statutory filing requirements, the f State's records. I date, but not an effective time, at 12:01 d.	ing:

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