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(Re	equestor's Name)	
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Anuman Charle

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COVER LETTER

TO:	Registration S Division of Co			
CHDB	rær.	CARPEDIEM, LL	C	
30001	ECT:	Name of Lir	nited Liability Company	
The en	closed Articles o	f Amendment and fec(s) are sul	bmitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
			DAVID PENNEY	
			Name of Person	
			Firm/Company	
		4481 (EGENDARY DRIVE, SUIT	TE 200
		 	Address	
			DESTIN, FLORIDA 3254	1
			City/State and Zip Code	
			dpenney5@yahoo.com	
		E-mail address: (to be used for future annual repe	ort notification)
For furt	ther information c	oncerning this matter, please c	all:	
	ĐAVIĐ	PENNEY	229	230-1453
	Name o	of Person	at () Area Code	Daytime Telephone Number
Enclose	ed is a check for the	he following amount:		
	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed	Certificate of Status & Certified Copy (addational 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 Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CARPED	IEM, LLC		· //,
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny ay it now appea. Liability Company)	rs on our records.)	, vi
The Articles of Organization for this Limited Liability Company	were filed on	APRIL 8, 2019	and assigned
Florida document numberL19000096838			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company h	ere:	
VELOCITY AUTOMOTIV	VE SOLUTIONS.	L1.C	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the d	esignation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:	4481 LEGEND	ARY DRIVE, SUITE 20	0
Principal office address MUST BE A STREET ADDRESS)	DESTIN, FLOR	RIDA 32541	
Enter new mailing address, if applicable:	4481 LEGEND	ARY DRIVE, SUITE 20	0
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered of	ffice address on		the name of the n
egistered agent and/or the new registered office address here	Ē:		
Name of New Registered Agent:	Di	AVID PENNEY	
New Registered Office Address:	4481 LEGEN	DARY DRIVE, SUITE	200
	Enter Florida street address		
	DESTIN	, Florida	35241
	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>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			☐ Remove
			□ Change
		Add	
			Remove
			Change
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Note: 1	ve date, if other than the date of filing:
docume	ent's effective date on the Department of State's records.
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
Dated _	JULY 30 2019
_	
	Signatule of a member of authorized representative of a member

Page 3 of 3

typed or printed name of signee

Filing Fee: \$25.00