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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MARITIME VELOCITY, LLC  
Name of Limited Liability Company

20 FEB 27 PM 1:16  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32303

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TRISTAN RIZZI  
Name of Person

MARITIME VELOCITY, LLC  
Firm/Company

124 ARANDA ST NE  
Address

SAINT PETERSBURG FL, 33704  
City/State and Zip Code

TRISTAN\_RIZZI@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TRISTAN RIZZI at (727) 543-1240  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added  
removed from our records:

GR = Manager

MBR = Authorized Member

<u>title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>GR</u>	<u>LEWIS, JAMES T</u>	<u>1181 S SUMTER BLVD #307</u>	<input type="checkbox"/> Add
		<u>NORTH PORT, FL 34287</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>GR</u>	<u>RIZZI, TRISTAN G</u>	<u>124 ARANDA ST NE</u>	<input checked="" type="checkbox"/> Add
		<u>SAINT PETERSBURG FL, 33704</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the document is filed.

Dated 22 JAN, 2020.



Signature of a member or authorized representative of a member

RIZZI, TRISTAN G

Typed or printed name of signee