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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	: #)
PICK-UP		MAIL
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(Bu	isiness Entity Nam	ne)
(Dc	ocument Number)	-
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Special Instructions to	Filing Officer:	
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C. GOLDEN AUG 1 2 2019

COVER LETTER

Div	ision of Cor	porations			
SUBJECT:	Speedy Pa	ps			
SUBJECT.		Name of Lim	ited Liability Company	,	
The enclose	d Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Zachary Rowe			
		Speedy Paps LLC	Name of Person		<u></u>
		300 treasure cay dr apt 307	Firm/Company		
		Fort Pierce FI 34947	Address		
		Fortpiercepaps@gmail.com	City/State and Zip Code		
For further i	nformation co	ncerning this matter, please ca	to be used for future annual reall:	eport notification)	
Zachary Ro	owe		772 985	4987	
	Name of	Person	Area Code	Daytime Teleph	ione Number
Enclosed is	a check for th	ne following amount:			
■ \$25.00 E	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		3 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAIL	INC ADDRESS:	STREET	COURIER AD	DRFSS:

TO:

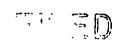
Registration Section

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)



SKEEDY PAPS LLC

company has been notified in writing of this change.

2019 AUG - 5 PH 6:

(A Florida I.	limited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number L19000170246		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addre		records, enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	vet address
	·	Florida Zip Code
	Ť	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and con accept the obligations of my position as registered age	mplete performance of my a	luties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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>	Type of Action
Mgr	Zachary Rowe	300 treasure cay dr. Apt 307 fort pierce Florida 34947	■ Add
			Remove
			Change
Ceo	Zachary Rowe	300 treasure cay dr. Apt 307 fort pierce Florida 34947	Add
			■ Remove
			☐ Change
			Add
			□ Remove
			Change
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blocoment's effective date on the Defective date.	t be specific and cannot be prior took does not meet the applica	o date of filing or more than 9 ble statutory filing require	(optional) 0 days after filing.) Pursuant to 605.02 ments, this date will not be listed
e record specifies a delayed The 90th day after the reco		an effective time, at	12:01 a.m. on the earlier
	2019		
July 19th		<u> </u>	
Dated July 19th	1/ R.	2	

Page 3 of 3

Filing Fee: \$25.00