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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

	tegistration Se Division of Cor		•	
etin ieza		GO SPEEDY LLC		,
SUBJECT	l: <u></u>	Name of Limi	ted Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please ren	ırn all correspo	indence concerning this matter	to the following:	
		JUAN ELIZONDO		
			Name of Person	
		CORONA GO SPEEDY L	LC	
			Firm/Company	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		2508 PETERSON ROAD		
			Address	
		APOPKA, FL 32703		
			City/State and Zip Code	
		PLANDAETTA@HOTMA E-mail address: (0	IL.COM o be used for future annual report n	otification)
For furthe	r information c	oncerning this matter, please co	·	,
	A LANDAETI	·	407 810-8604	
Name of Person		at ()	ime Telephone Number	
Enclosed i	is a check for th	ne following amount:		
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
F	<u>Jailing Addres</u> Registration S Division of C	Section	<u>Street Address:</u> Registration S Division of C	Section

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF O	RGANIZATION	
O	F	1070 J
CORONA GO SPEEDY LLC		
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) lability Company)	and assigned
The Articles of Organization for this Limited Liability Company	were filed on 06/08/2020	and assigned
Florida document number L20000156535		<u>.</u>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office ac	idress on our records, enter the r	name of the new registered
agent and/or the new registered office address here:		is the new registered
Name of New Registered Agent:		-
New Registered Office Address:		
	Enter Florida street address	
	, Florida	l
-	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	verformance of my duties, and La vovided for in Chapter 605, F.S. (m familiar with and Or, if this document is

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
AMBR	JESUS ARTEAGA RAMIREZ	4925 TORTOISE TRL, SAINT CLOUD, FL 34771	≣ Add
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			□ Change
			□Add
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an effective of the	te, if other state is listed, the date inserted effective date	ie date must be in this block	specific and does not m	cannot be princed the app	licable statu	filing or more	than QO days	optional) after filing.) P , this date wi	ursuant to 605.0 Il not be listec	1207 1 as
	ifies a delaye	d effective da	ite, but not:	an effective	e time, at 12	:01 a.m. on	the earlier o	f: (b) The 9	0th day after t	the
record speci Lis filed.						1 .				
record speci l is filed. June	l 5th		·	2020	-//					
lune	l 5th	Sign	nature of a m		thurs ed rong	esentative of	mambar			

Filing Fee: \$25.00