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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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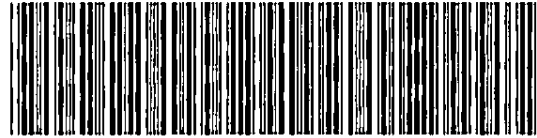
(Business Entity Name)

(Document Number)

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2021 JUN 24 PM 2:04  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SPEED MOVING AND SERVICESS, LLC.

\_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

BAHA SALEH

\_\_\_\_\_  
Name of Person

SPEED MOVING AND SERVICESS, LLC.

\_\_\_\_\_  
Firm/Company

4815 E. BUSCH BLVD. STE. 219

\_\_\_\_\_  
Address

TAMPA, FL. 33617

\_\_\_\_\_  
City/State and Zip Code

BASSAMJ2007@YAHOO.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BASSAM SALEH

813 760-7658

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SPEED MOVING AND SERVICESS, L.L.C.

(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 01/25/2021 and assigned  
Florida document number L21000044117.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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:**

4815 E. BUSCH BLVD. STE. 219

**(Principal office address MUST BE A STREET ADDRESS)**

TAMPA, FL. 33617

**Enter new mailing address, if applicable:**

4815 E. BUSCH BLVD. STE. 219

**(Mailing address MAY BE A POST OFFICE BOX)**

TAMPA, FL. 33617

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

SALEH FAYEZ SOBOH

New Registered Office Address:

4815 E. BUSCH BLVD. STE. 219

*Enter Florida street address*

TAMPA

*City*

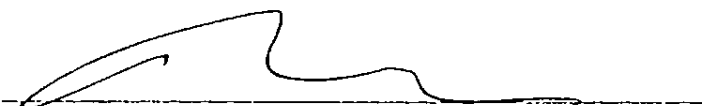
Florida

33617

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	SALEH FAYEZ SOBOH	4815 E. BUSCH BLVD. STE. 219	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		TAMPA, FL. 33617	<input type="checkbox"/> Change
MGR	HUSSEIN M A JOKH	4815 E. BUSCH BLVD. STE. 219	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		TAMPA, FL. 33617	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FBI  
TAMPA FL 33601 RDA

2021 JUL 24 PM 2:04

06/08/2021

**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.

Dated 06/08

2021

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

HUSSEIN M A JOKH

Typed or printed name of signee