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09/02/21--01014--018 **25.00



COVER LETTER

TO:

Registration Section
Division of Corporations

	OVING AND SERVICESS. L	LC.	-		
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for tiling.			
Please return all correspon	ndence concerning this matter	to the following:			
	BAHA SALEH				
		Name of Person			
	Firm/Company 4815 E. BUSCH BLVD. STE 219 Address TAMPA. FL. 33617 City/State and Zip Code 3ASSAMJ2007@YAHOO.COM B-mail address: (to be used for future annual report notification) erning this matter, please call: at (
	4815 E. BUSCH BLVD. S	TE 219			
		Address			
	TAMPA, FL. 33617				
		·			
	-				
		·	fication)		
For further information co	oncerning this matter, please c	all:			
BASSAM SALEH					
Name of	Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for the	c following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy		
Mailing Address Registration S			ction		
Division of Corporations		Division of Cor	Division of Corporations		
P.O. Box 6327 Tallahassee, F					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPEED MOVING AND SERVICESS, LLC.	
(Name of the Limited Liability Company as i (A Florida Limited Liability	t now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were	filed on $\frac{01/25/2021}{}$ and assigned
Horida document number L21000044117	
This amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability co	ompany here:
he new name must be distinguishable and contain the words "Limited Liability Con	npany." the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	<u></u>
	, <u>E</u>
nter new mailing address, if applicable:	" 1 √
1ailing address MAY BE A POST OFFICE BOX)	. 7
Tuning address mile DE A COST OF FICE DOM	<u> </u>
. If amending the registered agent and/or registered office addres gent and/or the new registered office address here:	s on our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Elouido

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

• 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>	Name	<u>Address</u>	Type of Action
MGR	SALEII FAYEZ SOBOII	4815 E. BUSCH BLVD, STE, 219	
		TAMPA, FL. 33617	= Remove
			□Change
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