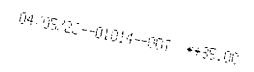
K22000083038

(Requestor's Name)
(Address)
(Address)
(··)
(6), (6), (7), (9)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(0.001
Control Control
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
-
·

Office Use Only



900384401959



SECRETARY OF STATE OF CORPORATIONS DIVISION OF CORPORATIONS

T. MATTHEW**S**MAY 1 7 2022



RECEIVED

FLORIDA DEPARTMENT OF STATE 2022 MAY -6 AM 8: 10 Division of Corporations

SECRETARI LA STATE TALLAHASSEE, FL

April 18, 2022

CHERY MELTZER 121 SEABROOK DRIVE PONTE VEDRA, FL 32081

SUBJECT: SPEEDGOAT TRAIL RUNNING COMPANY LLC

Ref. Number: L22000083038

We have received your document for SPEEDGOAT TRAIL RUNNING COMPANY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LIMITED LIABILTY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekavla T Matthews OPS

Letter Number: 822A00009046

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Speedgoat Trail Running Company, 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:
Cheryl Meltzer Name of Person Speedgout Trail Running Company, LLC Firm/Company 121 Sanharak Drive
121 Seabrook Drive
Porte Vedra FL 3208 City/State and Zip Code MeltZer. Chery @ gmail - Com E-mail address: (to be used for future annual report intification) For further information concerning this matter, please call: Chery A. Meltzer at (80) 419-577 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status □ Certified Copy
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

SECRETARY OF STATE OF STATE

Speed Goat Trail (Name of the Limited Liability Comps)	Running	(22,41) xx 6, PM 13248
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company	were filed on	2/21/22 and assigned
Florida document number <u>L220000 B3038</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
(making address MAT BE AT OST OFFICE BOA)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our rec	ords, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Entar Floris	la street address
	Emer Pioria	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>i</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of n provided for in Cl	ny duties, and I am familiar with and napter 605, F.S. Or, if this document is
If Cha	inging Registered Age	nt, 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
MER	Drawing Lines Media Group	121 Seabrook Drive	DAdd
	·	Ponte Vedra, FL 32081	Remove
			🗆 Change
MGR	Justin R. Weber	Ponte Vedra, FL 32081	Add
		Ponte Vedra, FL 32081	□Remove
			□Change
		 	□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

-	
_	
-	
•	
-	
_	
•	
-	
-	
-	
•	
-	
-	
an cf <u>lote:</u>	ive date, if other than the date of filing:
d is fi	
ated	5/2/22 Chewl a Meltser
	Signature of a member or authorized representative of a member