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(((H220001401403)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DES-MATT, INC Account Number : I2018000078 Phone : (352)223-3911 Fax Number : (863)318-8218

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: esme.shanks@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SPEED SERVICES TRUCK & TRAILERS REPAIR, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

18633188218

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPEED SERVICES TRUCK & TR	AILERS REPAIR	, LLC	
(Name of the Limi	ted Linbility Comps (A Florida Limited	my as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document number L22000159481	iability Company	were filed on 04/04/2022	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli-	cable:	N/A	
(Principal office address MUST BE A STRE			
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	(BOX)		
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office ess here:	address on our records, enter the na	me of the new registered
Name of New Registered Agent:	N/A		2022 / F
New Registered Office Address:			<u>ਨੇ</u> ਨੂੰ <u>ਜ</u>
		Enter Florida street address	- 第八 60 戸舎
		Florida _	
		City	Zip Coden C
New Registered Agent's Signature, if changing	Registered Agent	<u>:</u>	29
I hereby accept the appointment as register provisions of all statutes relative to the pro-	ed agent and ag per and complete	ree to act in this capacity. I further of performance of my duties, and I an	ngree to comply with the in 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.

18533188218

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
AMBR	Arburu Peres, Carlos M.	12273 PESCARA LANE	□Add
		ORLANDO, FL 32837	■Remove
			Change
			□ Add
		□Remove	
			□Change
			□Add
			□Remove
			□Change
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N/A		_
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	0.4/10/2022	
fective date, if other than t	he date of filing:(optional)	ራሰና ስኃስን
an effective date is listed, the date t	he date of filing: (optional) nust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 block does not meet the applicable statutory filing requirements, this date will not be 1	isted as
ote: If the date inscried in this	Department of State's records.	
Southern 3 chaonive and the bas		
1 'Can a dalayad affar	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	ifter the
record specifies a delayed effect Lis filed.	Next A state of the state of th	
April 18	2022	
ateu		
	Antomag Lugo Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	Antomag S. Lugo	
	Typed or printed name of signee	-

Filing Fee: \$25.00