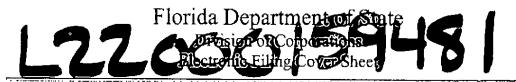
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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:			HAR ARA
	Division of Co	rporations	SST.
		: (850)617-6383	
From:		,	2: 00 STATE . FL
	Account Name	: DES-MATT, INC	ે ≘ Ω
	Account Number	: I20180000078	, 5
•	Phone	: (352)223-3911	
	Fax Number	: (863)318-8218	
ar		s for this business enti- ings. Enter only one emai	

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

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPEED SERVICES TRUCK & TR		•			
(Name of the Limit	ed Liability Comp. (A Florida Limited	any as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited Li	ability Company	were filed on 04/0	04/2022	and a	ssigned
Florida document number L22000159481	·				
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new наme of	the limited liab	oility company her	<u>re</u> :		
N/A					
The new name must be distinguishable and contain the w	ords "Limited Liab	ility Company," the de	signation "LLC" o	or the abbreviation	<b>3</b> .c."
Enter new principal offices address, if applic	N/A				
Principal office address MUST BE A STREET ADDRESS				ST 5	=
		<u> </u>	_	St. 3	m
Enter new mailing address, if applicable:	N/A		2:0	0	
Mailing address MAY BE A POST OFFICE.	BOX)	<del></del>			75
			· · · · · · · · · · · · · · ·		70
B. If amending the registered agent and/or r agent and/or the new registered office addres		address on our re	cords, <u>enter th</u>	e vame of the n	ew registere
Name of New Registered Agent:	N/A				
New Registered Office Address:					<del></del>
		Enter Flori	da street address		
			, Flor		
		City		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.

8633188218

## 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 Antonio, Leal Nava	3334 Semoran Blvd Apt. 11	≘Add
	·	Orlando, FL 32822	□Remove
			□Change
	· ————		
			□Remove
			☐ Change
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ective date, if other than the d	ate of filing:		(optional)	Pursuant to 605 (
rective date, if other than the dine of the date must be the date is listed, the date must be the date inserted in this block	e specific and cannot be prior k does not meet the applic	cable statutory filing	requirements, this date	vill not be lister
cument's effective date on the Dep	artment of State's records	•		
ecord specifies a delayed effective	date, but not an effective t	ime, at 12:01 a.m. or	the earlier of: (b) The	90th day after
is filed.	•			
September 15	2022			
		<del></del> -		
	Kerry Gon	aalea		
	ignature of a member or av	brized sepresentative of	f a member	