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CAPITAL CONNECTION, INC.

417 E. Virginia Ștreet, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Speedy Global LLC	1
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Please Debit FCA000000003 For: 25	
Thank you Seth Neeley	
Atta/	Art of Inc. File
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COVER LETTER

	obal LLC		
SUBJECT:	Name of Lim	ited Liability Company	***
	Hussein Rakine		
		Name of Person	
SUBJECT: Speedy Global LLC			
	Speedy Global LLC Name of Limited Liability Company		
Speedy Global LLC Name of Limited Liability Company The enciosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence core eming this matter to the following: Hussein Rakine			
	It is a submitted Liability Company Its of Amendment and fee(s) are submitted for filing. Its of Amendment and fee(s) are submitted for filing. Its of Amendment and fee(s) are submitted for filing. Its seein Rakine Name of Person		
	Hellywood FL 33020		
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			eport notification)
Eve thether information .			•
	time the manner present		3175
Name o	f Person	at () Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
■ S25.00 Filing Fee	-	Certified Copy	Certificate of Status & Sed) Certified Copy
·			
Division of C	orporations	Division	of Corporations
Tallahassee.			Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Speedy Global LLC

Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited L	iability Company)	······································	11. 10
The Articles of Organization for this Limited Liability Company	•	5/2024	and assigned
Florida document number 1.24000313688			
Torrea document manazi			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	lity company here	;	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the desi	gnation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)	******		<u></u>
Enter new mailing address, if applicable:		<u>.</u>	
(Mailing address MAY BE A POST OFFICE BOX)			<u></u>
B. If amending the registered agent and/or registered office a	address on our rec	ords enter the	name of the new registered
agent and/or the new registered office address here:		THE CONTRACT	
Name of New Regist rate Agent:			
Ni ma Disalisa anna I (Mis na Badalana a			
New Registered Office Address:	Enter Florid	a street address	
		Flori	Au
	Cuy	 . * *******	da Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
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 p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of m provided for in Ch	y duties, and . apter 605, F.S	l am familiar with and S. Or, if this document is

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>	Name	Address	Type of Action
AMBR	Elad Suisa	5040 SW 32nd Way	□Add
		Fort Lauderdale FL 33312	■Remove
			□Change
			□Add
			□Remove
			□ Change
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ted August 21		. 2024	<u>></u> .			
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