## 24000345204

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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

SOBJECT.		ited Liability Company		
		-		
	Pedro Gutierrez			
		Name of Person		_
	Speed Motors Sales LLC  Firm/Company  540 N State Rd 434 . 20A  Address  Altamonte Springs, FL 32714  City/State and Zip Code pedrog2525@yahoo.com  F-mail address: (to be used for future annual report notification)  formation concerning this matter, please call:  239  Name of Person  Area Code  Daytime Telephone Number			
	·	Firm/Company	<del></del>	-
	540 N State Rd 434, 20A		Name of Person  Firm/Company  Address  ity/State and Zip Code  sused for future annual report notification)  at (239 961-5129 at (Area Code) Daytime Telephone Number  Daytime Telephone Number  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		Address		_
	Altamonte Springs, FL 323	714		
	Address  Altamonte Springs, FL 32714  City/State and Zip Code  pedrog2525@yahoo.com			
		6-1		
For further information			port notification)	
For further miormanon c	concerning this matter, please c	an:		
Pedro Gutierrez		at ( )		_
Name o	f Person	Area Code	Daytime Telephone Number	er.
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee		Certified Copy	Certific (sed) Certifie	ate of Status & d Copy
Mailing Address		Street Add	iress:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Speed Motors Sales LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L24000345204}{L24000345204}$	were filed on 08/06/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	663 N. Highway	17-92.
(Principal office address MUST BE A STREET ADDRESS)	Unit A kongward,	123075_
Enter new mailing address, if applicable:  (Mailing address MAY BE 4 POST OFFICE BOX)		2024 EEC 27 MH 6:
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	of the figw registered
Name of New Registered Agent:	-	
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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.

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>	<u>Name</u>	Address	Type of Action
AP	Lizi Gonzalez	617 Ashberry Ln , Altamonte Springs, FL, 32714	🖬 Add
			□Remove
			□Change
AP	Podro Coliennez Espin	nosa 617 Ashberry Ln.	□Add
		Altamonte Springs FL	□Remove
		33714	<b>X</b> Change
			□Add
			□Remove
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			<del></del>	Tu-	<b>7</b>		
		Signature o	of a member or au	thorized representation	ve of a member		<del>_</del>

Filing Fee: \$25.00