

L24000370332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

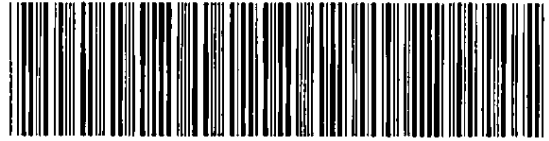
(Business Entity Name)

(Document Number)

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2024 SEP 17 PM 2:57
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 386 MAXIMUM VELOCITY & PERFORMANCE 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:

DOUGLAS KAMEH

Name of Person

BUSINESS CONTROL SERVICE INC

Firm/Company

3925 S NOVA RD STE 1

Address

PORT ORANGE, FL 32127

City/State and Zip Code

DOUG@BUSINESSCONTROLSERVICE.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOUGLAS KAMEH

at (386) 760-5454

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	COLIN A. LOMBARDONI	2070 KENILWORTH AVE	<input checked="" type="checkbox"/> Add
		SOUTH DAYTONA, FL 32119	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	WAYNE A. LONGSTREET	988 WATERFORD POINT DR	<input type="checkbox"/> Add
		PORT ORANGE, FL 32127	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	AMY L. LONGSTREET	988 WATERFORD POINT DR	<input type="checkbox"/> Add
		PORT ORANGE, FL 32127	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	ELISABETH N. MACINTYRE	2070 KENILWORTH AVE	<input type="checkbox"/> Add
		SOUTH DAYTONA, FL 32119	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please add the FEIN number: 99-4639953

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to (05.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated SEPTEMBER 12TH 2024

Andy Longest
Signature of a member

Signature of a member or authorized representative of a member

AMY LONGSTREET

Typed or printed name of signee

Filing Fee: \$25.00