L24000370332

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2024 DEC 12 PK 3: 05
SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor	porations		
subject: <u>386</u>	Maximum Name of Limit	lelocity & Performent	mance LLC
	Amendment and fee(s) are sub-		
Please return all correspo	ondence concerning this matter	to the following:	
	Douglas	hameh Name of Person	
	Business (Service Service	Inc
	3925 S. T	Jora Rd, Stel	
		Je FL 3212 City/State and Zip Code	
	Doug Chro	to be used for future annual report notif	ice net
For further information of	concerning this matter, please ca	ali:	
Douglas Name of	Kameh	at (<u>386)</u> <u>760</u> Area Code Daytime	-5454 Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of C	Section	Street Address: Registration Sec Division of Cor	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

386 Maximum Velocity (Name of the Limited Liability Compan (A Florida Limited Li	ny as it now annears on our records.)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L24000370332</u> .	were filed on $9/17/24$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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 Title Name Address Type of Action Amylongstreet 988 Waterford Point Dr. DAdd Port Orange, FL 32127 KRemove MGRM Elisabeth N. Mac Intyre 2070 Kenilworth Ave DAdd South Daytona, FL 32119 XRemove MGRM Jey Markus 3004 Deverland Dr. Xidd TRUSyrma, FL 32168 | Remove ☐ Cliange MBRM Patrick Mozeika 1906 Mendocino La XAdd PortOrange, Fl 32128 DRemove ____ □Change _____ □Remove

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). If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an effective of Note: If the	ate, if other than the date of filing:
the record spececord is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	December 6th 2021. Signature of a member or authorized representative of a member
-	Wayne Langstreet Typed or printed name of signee

Filing Fee: \$25.00