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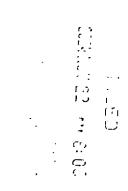
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COVER LETTER

TO: Registration Se Division of Cor		·			
a		SPEED LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	YC	DLANDA VILLARREAL			
		Name of Person			
		VD SPEED LLC			
		Firm/Company	· · · · · · · · · · · · · · · · · · ·		
	16461 RACQUET CLUB RD SUITE 4-702A				
	'Address',				
		WESTON FL 33327			
		City/State and Zip Code			
	safety@penthal	ogistics.net			
	E-mail address: (to be used for future annual report n	otification)		
For further information c	oncerning this matter, please c	all:			
YOLANDA VILLA	RREAL	305 9248054			
Name o	f Person		ime Telephone Number		
Enclosed is a check for th	ne 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 Addres		Street Address:	· · · · · · · · · · · · · · · · · · ·		
Registration S Division of C		Registration Section Division of Corporations			
P.O. Box 632			The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Moni	2415 N. Monroe Street, Suite 810		

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VD SPEED LLC			
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears Liability Company)	on our records.)	
he Articles of Organization for this Limited Liability Company	were filed on	10/08/2024	and assigned
lorida document number L24000432605			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company her	<u>re</u> :	
N/A			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the des	signation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:	12650 SW 7TI	I CT	<u></u>
Principal office address MUST BE A STREET ADDRESS)	DAVIE, FL 33	3325	
	12660 PW 7711 (
nter new mailing address, if applicable:	12650 SW 7TH C		· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)	DAVIE, FL 3332		
			1.2
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our rec	cords, enter the na	- ''
gent and/or the new registered office address here.			
Name of New Registered Agent:	N/A		
New Registered Office Address:	Enter Floria	la street address	
		121	
	City	, Florida	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 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
	···		🗀 Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			🗀 Add
			□Remove
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	□Change

PLEASE ALSO CHANGE THE ADDRESS OF MGR VICTOR DELGADO TO:
NEW ADDRESS: 12650 SW 7TH CT DAVIE, FL 33325
11/13/2024
E. Effective date, if other than the date of filing:
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 NOVEMBER 13 2024 Signature of a member or authorized representative of a member
Typed or printed name of signee