## P25 0000 60053

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2028 NOV -9 AMIT: 15

## COVER LETTER

Division of Corporations
Division of Corporations  NAME OF CORPORATION: SPEED Y ENTERPRISE OF LIVEOHM IN  DOCUMENT NUMBER: P23000069053
DOCUMENT NUMBER: 123000069053
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CHOWDHURY N ARIFIN
Name of Contact Person
117 SE DANIELLE PL LAKE CITY, FL-32025
LAKE CITY, FL-32025
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
E-man address: (to be used for future annual report nonneation)
For further information concerning this matter, please call:
CHOWDHURY N ARIFIN 11718, 3507943
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  S43.75 Filing Fee & S52.50 Filing Fee  Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment

SPEEDY ENTERPRISE OF LIVEOUN INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P 23 000069053 Articles of Incorporation

nt(s) to

A. If amending name, enter the new name of the cor	poration:	The no
name must be distinguishable and contain the word "cor "Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev.	or "Co". A professional corpe	porated" or the abbreviation "Corp.
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDI</u>	(ESS )	- •
	· · · · · · · · · · · · · · · · · · ·	7207
		قىد. سە سە
		2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<del>-</del> :	1
(Studing dualess BINT DE ATOST OFFICE HOX	·′	3
		<del>=</del>
D. If amending the registered agent and/or registere new registered agent and/or the new registered of Name of New Registered Agent		
	(Florida street address)	<del></del>
New Registered Office Address:	(City)	, Florida
	(Сиу)	(Zip Coae)

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:	D. F.	
X Change	<u>b.f.</u>	John Doe
X Remove	$\underline{V}$	Mike Jones
X Add	<u>sv</u>	Sally Smith
Type of Action (Check One)	Title	CHONDHURY IN ARIFIN 117 SE DANIELLE P.
1) Change	<u>vP</u>	CHONDINK/ NAME 114 SE DI
Add		LANE CITY,
Remove		FL- 32025
2) Change		
Add		
Remove 3 ) Change		
Add		<del></del>
Remove		<del></del>
4) Change		
Add		
Remove		<del></del>
5) Change		
Add		<del></del>
Remove		
6) Change		
Add		
Remove		

Attach additional sheets, if necessary).	ticles, enter change(s) here:  (Be specific)
,	
an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the am-	nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

. .

The date of each amendment(s) adopti- late this document was signed.	on:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment fil	e date)
Note: If the date inserted in this block of document's effective date on the Departm	does not meet the applicable statutory filing requirent of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes east for int for approval.	the amendment(s)
	by the shareholders through voting groups. The forvoting group entitled to vote separately on the ame	
"The number of votes cast for th	e amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated 11 - 09	2023 Ndlimy hi Amilia	
Signature C/10	adjuny he Anistin	
(By a director selected, by a appointed to	<ul> <li>president or other officer – if directors or officers in incorporator – if in the hands of a receiver, truste trainer, by they feducional</li> </ul>	ce, or other court
Ct	HOWDHURY M A	KIFIN
	(Typed or printed name of person signing)	
	$\mathbf{V}\mathcal{P}$	
	(Title of person signing)	