Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FASTKIT CORP

Account Number : I20100000009

: (305)599-0839

Fax Number

: (305)592-9591

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

1	Address:			
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLASH MED SUPPLY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Corporate Filing Menu

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## ARTICLES OF AMENDMENT TO : ARTICLES OF ORGANIZATION **OF**

	FLASH MED SUPPLY, LLC		
(Name of the Lin	atted Lishility Company as it now app (A Florida Limited Lishility Company	ears on our records.) y)	
The Articles of Organization for this Limited	Liability Company were filed on	JUL 20, 2020	and assigned
Florida document number L19000242535	·		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company	bere:	
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the ab	breviation L.L.C."
Enter new principal offices address, if appl	icable:	52	
(Principal office address MUST BE A STRE	ET ADDRESS)		2
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		!	SAFE BENEFIT OF THE SECOND SEC
Enter new mailing address, if applicable:	<del></del>		FS I
(Mailing address MAY BE A POST OFFIC	E <i>BOX</i> )	<del>_</del>	
	<del></del>		<del></del>
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on our ess here:	records, enter the nam	e of the new registered
Name of New Registered Agent:	LUIS EDUARDO QUIROGA		
New Registered Office Address:	780 NW 42ND AVE SUITE 3		
	Enter F	lorida street oddress	
	MIAMI	, Florida <sup>331</sup>	26
	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 Anthorized 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
MGRM	LUIS EDUARDO QUIROGA	90 SW 3 ST PH 16 MIAMI. FL 33130	🗏 Add
			□Remove
			© Change
MGR	STEPHANIE QUIROGA LELLA	1869 SW 25TH STREET MIAMI, FL 33133	DAdd
			Change
AP	SILVIA A. QUIROGA	780 NW 42ND AVE SUITE 3 MIAMI, FL 33126	□Add
			=Remove
			□ Changé
MBR	PATRIZIA LELLA	90 SW 3 ST PH 16 MIAMI, FL 33130	\equiv Add
		OF SEE	O Reprove
		Z/K	S7 □Remove
			□ Change
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			□Remove
			Change

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Effective date, if other than the date of filing:  f an effective date is listed, the date must be specific and cannot be prior to date of filing of R  Note: If the date inserted in this block does not meet the applicable statutory illindocument's effective date on the Department of State's records.	(optional) note than 90 days after filing.) Purs ng requirements, this date will r	uant to 605.0207 not be listed as
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. rd is filed.	on the earlier of: (b) The 90th	h day after the
Dated JAN 12 ( 2021.		
100		
V / Welling		<del></del>
Signature of a member or furtherized representative	c or a memoer	

Filing Fee: \$25.00