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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORP Account Number : I20100000009

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LUEPORTHI LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUEPORTHI LLC		
(Name of the Limited Linb (A Flori	llity Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 04/06/2021	and assigned
Florida document number L21000159690	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or	the abbreviation "ISSC."
Enter new principal offices address, if applicable:)25 J
(Principal office address MUST BE A STREET ADD	ORESS)	555
		<u> </u>
		SSE P
Enter new mailing address, if applicable:	·	
(Mailing address MAY BE A POST OFFICE BOX)		FA 2
		m
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florido ștreet address	
	Florid	
N. B. L. Line and C. C.	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 m 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 = Mnnager AMBR = Authorized Member

Title	Name	Address	Type of Action
МОМВ	PORTHIL	4886 NW 97 CT	
		DORAL, FL 23178	≣Remove
		-	□Change
AMBR	PORTELA HILBRINK, ARTURO M	4886 NW 97 CT	≅Add
		DORAL, FL 33178	GRemove
			CJC3trange
AMBR	PORTELA HILBRINK, LUIS E	4886 NW 97 CT	≣Add
		DORAL, Fl. 33178	□Remove
			Change
AMBR PORTELA HI	PORTELA HILBRINK, MARCO A	4886 NW 97 CT	⊟Add
		DORAL, Fl. 33178	(□Remove
			□Add
			☐ Remov c
			Change
			□Remove
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	thate, if other than the date of filing: (optional) ive 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 605.02t the date inserted in this block does not meet the applicable statistory filing requirements, this date will not be listed at the date on the Department of State's records.
ecord . is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
	ЛЛЕ 10 2025
ted _	
ted _	Arturo Partela
nted	Signature of a member or authorized representative of a member