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Division of Corporations

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: (850)617-6383

From

Account Name : FASTKIT CORP Account Number : I20100000009

Phone

: (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.

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN POROS INVESTMENT LLC

PETA 30 PH 1: 59
DETA 10 PH 1: 59
DETA 10 PETA 10 PETA

Certificate of Status	0
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2023 JUN 30 PH 2: L

APPROVED

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Corporate Filing Menu

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JUL 05 2023

K. Brumble)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	POROS INVESTMENT LLC		
	(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) .imited Liability Company)	
	Organization for this Limited Liability Con	mpany were filed on 03/07/2023	and assigned
Florida docum	L23000105316		
This amendme	ent is submitted to amend the following:		
A. If amendi	ng name, enter the new name of the limite	ed liability company here:	
The new name o	sst be distinguishable and contain the words "Limite	ed Liability Company." the designation "LLC" or	the abbreviation "L.L.C."
Enter new pr	incipal offices address, if applicable:		
(Principal off	ce address MUST BE A STREET ADDRE	<u></u>	
Enter new m	iling address, if applicable:		
Mailing add	ess MAY BE A POST OFFICE BOX)		
	!		
B. If amendi	ig the registered agent and/or registered of the new registered office address here:	office address on our records, enter the	name of the new registere
agent and of	the new Jegister ed office address here.		/- 2
Nlow	a of Navy Registered Agents		三角 33
izan	e of New Registered Agent:		200 =
New	Registered Office Address:		Z 7>
	:	Enter Florido street address	
		, Florid	
	İ	City	Zip,Code
New Registere	d Agent's Signature, if changing Registered	Agent:	
provisions of accept the ob being filed to	pt the appointment as registered agent as all statutes relative to the proper and conligations of my position as registered age merely reflect a change in the registered been notified in writing of this change.	riplete performance of my duties, and I ent as provided for in Chapter 605, F.S.	am fanilliar with and Or, if this document is
	1	If Changing Registered Agent, Signature of New	w 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

<u>Title</u>	Name	Address	Type of Action
MGR	Raquel Hofmann	901 Ponce De Leon Boulevard, Suite 204	🗒 Add
		Coral Gables, FL 33134	□Remove
			□ Change
 			□Add
			□Remove
			©Change
			DAdd
			□Remove
			□Change
			□Add
			□Add
			Remove
			□Add
			Remove
			□Change

D. If amer	nding any other i	information, enter ch	change(s) here: (Attach additional sheets, if necessary.)
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<u></u>			
			g:(optional) d cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3X meet the applicable statutory filing requirements, this date will not be listed as the State's records.
If the record record is file	specifies a delayed	l effective date, but not a	t an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated _	une 20		2023
	1	Signature of a m	member or authorized representative of a member
		J. B. S. L. C.	
			Typed or printed name of signce
			(Merc or business unities of siffuse
	1 1		
	!		

Filing Fee: \$25.00