



**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  
Phone : (303) 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**

**TIRA.D.TOSS, LLC**

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

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

NOV 14 2014

J. BRUCE

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

TIRA.D.TOSS, LLC.

(Notice of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/04/2011 and assigned  
Florida document number L11000128447

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new  
registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

Enter Florida street address

Florida

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

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ASSET PROTECTION  
FLORIDA

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| Title | Name                  | Address             | Type of Action                             |
|-------|-----------------------|---------------------|--------------------------------------------|
| AMBR  | Fabrizio L. Garofolin | 5750 E. 3rd. Avenue | <input type="checkbox"/> Add               |
|       |                       | Hialeah FL 33013    | <input checked="" type="checkbox"/> Remove |
| MGR   | Fabrizio Garofolin    | 5750 E. 3rd. Avenue | <input type="checkbox"/> Add               |
|       |                       | Hialeah FL 33013    | <input checked="" type="checkbox"/> Remove |
|       |                       |                     | <input type="checkbox"/> Add               |
|       |                       |                     | <input type="checkbox"/> Remove            |
|       |                       |                     | <input type="checkbox"/> Add               |
|       |                       |                     | <input type="checkbox"/> Remove            |
|       |                       |                     | <input type="checkbox"/> Add               |
|       |                       |                     | <input type="checkbox"/> Remove            |
|       |                       |                     | <input type="checkbox"/> Add               |
|       |                       |                     | <input type="checkbox"/> Remove            |

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 FLORIDA

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PLEASE UPDATE THE FOLLOWING DISTRIBUTION OF UNITS:

FLAVIO TRAVANO - AMBR/MGR - 85% OF UNITS

JONATHAN SANCHEZ - AMBR-MGR - 15% OF UNITS

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated NOVEMBER 11TH

2014

Signature of a member or authorized representative of a mortician

FLAVIO TRAVANO

Typed or printed name of signer

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