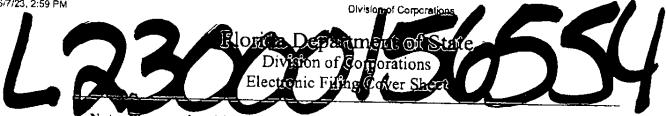
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To:

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.

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2451 BRICKELL AVE UNIT 11R, LLC

| Certificate of Status | 0 |
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Corporate Filing Menu

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4.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OR-

| 2451 BRICKELL A | VE UNIT HR, LLC | |
|--|---|---------------------|
| (Name of the Limited Liability Con (A Florida Limit | npany as it now appears on our records.) ec Liability Company) | |
| The Articles of Organization for this Limited Liability Compa Florida document number L23000156554 | ny were filed on 04/05/2023 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited li | ability company here: | |
| 8880 SW 82 AVE, LLC | | |
| The new name must be distinguishable and contain the words "Limited Li | ability Company," the designation "LLC" or the abi | previation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | · |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | ∵:- | |
| B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: | e address on our records, enter the name | of the new register |
| agent suggest the new registered office suggests here. | | . |
| | | 7 |
| Name of New Registered Agent: | <u> </u> | |
| New Registered Office Address: | | क्रुक एम |
| | Enter Florida street address | = |
| | , Florida | · |
| . | City Florida | Zip Côde |

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| MGR = Man AMBR = Auti | ager horized Member | | |
|--------------------------|------------------------|-------------|----------------|
| Title | <u>Name</u> | Address | Type of Action |
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| Mective date, if other than the an effective date is listed, the date me wote: If the date inserted in this locument's effective date on the | | | ing or more than 90 days ory filing requirements, | optional) after filing.) Pursuant to this date will not be l | 605,0201 isted as |
| record specifies a delayed effecti l is filed. | ve date, but not an effe | ctive time, at 12:0 | l a.m. on the earlier of | f: (b) The 90th day a | iter the |
| June 07 | 2023 | · | | | |
| | Signature of member of | 70 | | | |
| | Jose | vans ca | | | |

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