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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FAST Merchaut Advance	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
SIMON RIMMI Name of Person	ujtou
Fast Meuc	Gant Advance
r in Company	
385 tuanklin	57 8 7
Address	
Hollywood FC	- 330(9 E
Firm/Company 385 FVUUK(in Address Hollywood FC City/State and Zip Code Simon of Fust Med E-mail address: (to be used for future annual penort no	VCHUUT A JOHN (8. 10M
E-mail address: (to be used for future annual report not further information concerning this matter, please call:	ouncation)
\sim \sim \sim \sim \sim \sim	1 (-27
Name of Person Rimming TO N at (954) 550	8 6574
Name of Person Area Code & Dayl	time Telephone Number
•	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)}	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fust Merch	aut Advance	- 11C	
(Name of the Limited Liability Com (A Florida Limite			
The Articles of Organization for this Limited Liability Comparing Lo60000 759	any were filed on $3/(0)$	(7006 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	liability company here:		
The new name must be distinguishable and end with the words "I "L.L.C."	Limited Liability Company," the de	signation HsLC or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable:	•		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ds, <u>enter the name of the new</u>	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	a street address	
	1	. 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM =	Managing Member				
<u>Title</u>	<u>Name</u>		Address		Type of Action
MGR	Dus 1	litch krughu	y 5 (oach la	MA NA	Add Remove
MGR	MB	KINgsbury	381 Fuggling	33019	Add
					Add Remove
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D. If amen	ding any other info	rmation, enter change(s	s) here: (Attach additional sheet		Remove
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Dated	5-pr 6+	4.201			
		205 gurth	printed name of signer	nber	
			Page 2 of 2		

Filing Fee: \$25.00