## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H18000246434 3)))



HI BOOD 2464343ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6333

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:

AUG 22 AH 8: 52

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BALANS BRICKELL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	0.3
Estimated Charge	\$25.00

T. CLINE

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BALANS BRICKELL, LLC	
(Name of the Limited Liability Company as if now appears on our re (A Florida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company were filed on 10/03/2007	and assigned
lerida document number L07000101023	
his amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company here:	9013 1813
he new name must be distinguishable and contain the words "Limited Liability Company," the designation	TLC" or the abbreviation "LLC.7.
Inter new principal offices address, if applicable:	. 2
Principal office address MUST BE A STREET ADDRESS)	<u> </u>
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office address on our rec	ords, enter the name of the
egistered agent and/or the new registered office address here:	vivos circulare por ser
÷ .	
Name of New Registered Agent	
New Registered Office Address:  Enter Florida street a	ddress
	. 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

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

Title	Name	<u>Address</u>	Type of Action	
MGR	BALAN, JONATHAN	999 SW 1ST AVENUE, PH2		
		MIAMI, FL 33130	<b>=</b> Add	
		. MIDAMI, FE 33 130	□ Remove	
			Change	
<del></del>			A A A A A A A A A A A A A A A A A A A	
			D Remove	
			<u> </u>	
			☐ Change	
.•				
·			D Add	
			I Change	
			[2] Add	
			E Add	
		and the second second	□ Remove	
		<u> </u>	Change	
			D Add .	
			•	
			🗆 Remove	
	·		Change	
			□ Add	
<del></del>				
			Remove	
		· · · · · · · · · · · · · · · · · · ·	Change	

				<u>.</u>		<del></del>
	-					
			<del></del>		•	
<u> </u>						
			<u></u>			<del>_</del>
				•		
				•		
						1
				<del></del>		<del></del>
	•					
	<del> </del>	<u></u>				•
te: If the date	if other than the date of it listed the date must be specific inserted in this block does notice date on the Department of the date of the	s not meet the app nt of State's recor tive date, but	ijeable vlanuory i ds.	IIII) reguirement		
.,,	-			٠	•	
ated	AUGUST 20	2018	/Î		•	
	-		( <u> </u>			
			100	rive of a member		
	Simoli	re of a member of a	athousing tebre you			

Page 3 of 3

Filing Fee: \$25.00