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.

(((H15000042402 3)))



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) 617-6383

From:

Account Name : FASTKIT CORP Account Number : 120100000009 Fhone

Fax Number

: (305)599-0839 : (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

YADEE LLC

	<u> </u>
Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

FEB 1 9 2015

T. HAMPTON

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY I	15 FEB 18	Secretary
SEE, FLORIDA	AH 7: 34	

	YADEE LLC	FLEST
(Name of the Limited). (A F	ability Company as it now appears on our records.) orids Limited Liability Company)	34 34
The Articles of Organization for this Limited Liabilition of the Limited Liabilities of Organization for this Limited Liabilities (LOSO00080232)	ty Company were filed on 08/21/2008	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	Emited liability company here:	
The new name must be distinguishable and end with the word. Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A		the abbreviation "L.L.C."
Enter new mailing address, if applicable:		
(Molling address MAY BE A POST OFFICE BO)	0	
B. If amending the registered agent and/or registered agent and/or the new registered office		nter the name of the ne
Name of New Rogistered Agent:		
New Repistered Office Address:	Enter Florida street address	
	, Florid	la
-	Chri	Vin 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 Reclatered Agent

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

<u>Title</u>	Name	Address	Type of Action
MGR	YARISBEL GALLARDO	9773 SW 37 TERR	
		MIAMI, FL 33165	☐ Reinove

			D Remove
			Add
			Remove
	·		
			□ Romove
			□ Add
			Remove ALC H mays
			SERVICE Remove
			TATE ORID

f amending any other information, cn	iter change(s) here: (Attach ada	litional sheets, if necessary
,		
	· · · · · · · · · · · · · · · · · · ·	
Mective date, if other than the date of the effective date must be specific, cannot be price to date this document is filed by the Florida Dep	filing: or to date of receipt or filed date and can partment of State)	(optional) not be more than 90 days after
FEBRUARY 18	2015	
	Hale.	
Signatur	e of a member or authorized representation ALEXEY CALA	tive of a member

Page 3 of 3

Filing Fee: \$25.00

15 FEB 18 AM 7: 34
SECRETARY OF STATE
SECRETARY OF STATE