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.

(((H17000216922 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 Componations

Fax Number

: (850)617-6383

From:

Account Name

: FASTKIT CORP Account Number : 120100000009

: (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

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

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 1 6 2017

Y SULKER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	YADE	ELLC			
(Name of the Lim	(A Florida Limited	any as it now appears on our records.) Liability Cumpany)			
The Articles of Organization for this Limited I	Liability Company	were filed on 08/21/2008	and assigned		
Florida document number L08000080232					
This amendment is submitted to amend the following	llowing:				
A. If amending name, enter the new name	of the limited liab	ility company here:			
The new name must be distinguishable and contain the	words "Limned Liabi	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		10801 SW 40 ST			
Principal office address MUST BE A STRE		MIAMI, FL			
		33165			
		10801 SW 40 ST			
Enter new mailing address, if applicable:	* 5050	MIAMI, FL			
(Mailing address MAY BE A POST OFFICE BOX)		33165			
B. If amending the registered agent and registered agent and/or the new registered of			ter the name of the new		
Name of New Registered Agent:	YARISBEL GA	ALLARDO	SSET S		
New Registered Office Address:	10801 SW 40 S	·	7		
·		Enter Florida street address			
	MJAMI.	, Florida			
		Clty	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 Ruistered Agent, Signature of New Registered Agent

Page 1 of 3

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	Address	Type of Action
AMBR ALEXEY CALA		10801 SW 40 ST	□ Ade
		MIAMI.FL	■ Remove
		33165	Change
,1 &1 645 - Tubia		e di	□ Add
			Remove
			C Change
 -			□ Add
			□ Remove
			Change 10 Change
 			G-Remode (7)
			Change
			A44
			□ Remove
			□ Change
· -			
		***	□ Remove
			Change

		a		
				-
				•
,	,			•
				•
	1			•

				句 8
		·	AHA AHA	5
			SE	ח ו
			7.6	
			ORA:	
			200	•
				•
ffective date, if other than the date must late: If the date inserted in this blococument's effective date on the Dep	late of filing: be specific and cannot be prior to date of fi ck does not meet the applicable statute partment of State's records.	(optional) ling or more than 90 days after filing ory filing requirements, this date	.) Pursuant to 605	5.0207 (3)(t ed us the
e record specifies a delayed The 90th day after the reco	effective date, but not an effe rd is filed.	ctive time, at 12:01 a.m.	on the earli	er of:
ated AUGUST 15	2017			
7/ 4	7			
I I I ONT	/			

Page 3 of 3

Filing Fee: \$25.00