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.

(((H13000227227 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: 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:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CONGA, LLC

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

Electronic Filing Menu

Corporate Filing Menu

B. BOSTICK

Help OCT 14 2013

EXAMINER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	and assigned
The Articles of Organization for this Limited Liability Company were filed on 10/29/2008 Florida document numberLos 000 101661	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and end with the words "Limited Liability Company," the de "L.L.C."	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office pddress MUST BE A STREET ADDRESS)	27. 2
	(5) 1; — 1
	17年 豊
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	And the second s
B. If amending the registered agent and/or registered office address on our recorregistered agent and/or the new registered office address here:	ds, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florid	a street address
	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 hareby confirm that the limited liability company has been notified in writing of this change.

U Changing Registered Agent, Signature of New Registered Agent

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

Title MGR	Name MICHELANGELO PUGLIESE	Address Type of Action 2601 S. Bayshore Drive Add
	Additional and the second seco	Suite 725
		Miami, FL 33133
		Add
		Remove
		Add
		Remove
		SS 22 22 22 22 22 22 22 22 22 22 22 22 2
		Remove
		Add
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Remove
		Add
		Remove

). If amonding any other informa	ation, enter change(s) here: (httach additional sheets, (f necessary.)
· · · · · · · · · · · · · · · · · · ·	
october 8	, 2013
	lee ()
	greature of a member of Authorized representative of a member ELO PUGLIESE
	Oved or minted name of signer

Page 3 of 3

Filing Fee: \$25.00

2013 OCT 11 NK 5: 0