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.

(((H100000908793)))



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.\*\*

Ems	í٦	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TELAUDITORS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

S. HAWKES

APR 2 1 2010

**EXAMINER** 

## ARTICLES OF AMENDMENT TO -ARTICLES OF ORGANIZATION OF

	UDITORS,LLC		EG 3 -	
(Name of the Limited Liability (A Florida L	Company as it now apper imited Liability Company)	ars on our records.)	20	
The Articles of Organization for this Limited Liability Co	ompany were filed on	09/04/2009	and assigned	
Florida document number L09000085919	_•		FLOW STATE	
This amendment is submitted to amond the following:		•	D.F.	
A. If amending name, enter the new name of the limit	ted liability company be	re:		
UTELA	AUDITORS LLC			
The new name must be distinguishable and end with the word "L.L.C."	is "Limited Liability Comp	any," the designation "l	LLC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u> </u>			
			····	
Enter new mailing address, if applicable:	<u> </u>			
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>			
B. If amending the registered agent and/or registered agent and/or the new registered office addre		our revords, <u>enter t</u>	he name of the new	
Name of New Registered Agent			`	
New Registered Office Address:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Enter Florida street address			
		, Florida		
<del></del>	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 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

<u> Citlo</u>	Name .	Address	Type of actio
•	• • • • • • • • • • • • • • • • • • •		Prop. 73
<del></del>			Add Ramove
	·		
			L MAN
··			Add Remove
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Add
<del></del>			Remove
•			
			Remove
			Remove
			<del></del> .
			Add
			Remove
If amen	ding any other information, enter c	change(s) here: (Attach additional sheets, if necessi	aru l
	O OTHER CHANGES	managed sector (section beautiful to sector, y section	·· <i>5-</i> /
144	JOTHER CHANGES		<del></del>
_			
		·	
	APRIL 19	2010	
	APRIL 19	2010	
	Selen	2010  Dimber or suthorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00