Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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**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 LOZANO HEALTH CARE, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L	HEALTH CARE, Li iability Company as forida Limited Liabili	it now ar	pears on ou	r_records.)			
·		•	•				
The Articles of Organization for this Limited List	oility Company were	filed on	5~7~201	0	and	d assign	ed
Florida document number	Pagant de Carrier y gamen *						
This amendment is submitted to amend the follow	ring:						
A. If amending name, enter the new name of t	he limited liability	company	here:				
The new name must be distinguishable and ond with "L.L.C."	the words "Limited L	ability Co	ompany," the	designation '	'LLC" or	the abbr	eviation
Enter new principal offices address, if applicab	ole: 8 <u>66</u>	0 W. F.	lagler S t	. # 211 M	lani f	1331	44
(Principal office address MUST BE A STREET ADDRES				Sam	æ		
			· <u></u>		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	23	
						306	the Attackages
Enter new mailing address, if applicable:					£ 35		***************************************
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		Sam	3	(3) 757 [7] - 2 [7])
					<u>"</u> ".	- TP	177
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B. If amending the registered agent and/or registered agent and/or the new registered office	registered office e address bere:	eddress	on our rec	ords, <u>enter</u>	the nan	ne of th	<u>1е пе</u> ж
Name of New Registered Agent:	<u>AY</u>	MELIS	LOZANO				همسمدن يني
New Registered Office Address:	15542 sw. 14	th.ST.					
1077 TORINGOLD DELECTION			Enter Flor	ida street aa	idress		
	Misud.			, Florida	33194		
	Cit	y			Zip (Code	
New Registered Agent's Signature, If changing Re-	istered Agent:						
I hereby accept the appointment as registered a	agent and agree to	act in th	is capacity.	I further as	gree to c	omply v	vith
the provisions of all statutes relative to the pro accept the obligations of my position as registe being filed to merely reflect a change in the res company has been notified in writing of this ch	per and complete pered agent as provi gistered office uddr	erforma ded for t ess, I he	nce of my d n Chapter 6	uties, and I 108, F.S. Or n that the li	am fami if this o	iliar wit docum <mark>e</mark> i	'h and

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DAYMIS M. SANCHEZ	8660 W. Flagler St.# 211	Add
		Miami,Fl.,33144	XX Remove
MGR	YANELYS LOZANO	15542 SW. 14 th.ST.	XXX Add
		Miami,Florida 33194	Remoye:
			Add T
		· · · · · · · · · · · · · · · · · · ·	Remove
			Add
	••	4	Remove
·			Add
		·	Remove
			Add
	· •		Remove

If amending any other info	ormation, enter change(s) here: (Attach additional sheets,	if nacessary.)
	·	
October 8	. 2013	
Yane	Signature of a number or authorized representative of a member by Lozano Typed or printed name of signee	2
	Page 3 of 3	ASSESSED TO SERVICE OF THE PROPERTY OF THE PRO