

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.

(((H100001847093)))



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. **

Pmoil	Addross:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MKYC INVESTMENTS, LLC

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

C. LEWIS AUG 18 2010

EXAMINER

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2010 AUG 17 AM 9: 83 SECRETARY OF STATE TABLAHASSEE FLORIDA

· · ·		C INVESTMENT			<u> </u>
(Na	me of the Limited Li (A Fl	ability Company as It no orida Limited Liability C	ompany)	an our records.)	.
The Articles of Organization f	or this Limited Liabi	ility Company were file	d on	06/02/2010	and assigned
Florida document number	L1000005900)2			
This amondment is submitted	to amend the followi	ড্রে:			
A. If amending name, enter	the new name of th	e limited liability com	pany bero	Į.	
The new name must be distingui	shable and end with the	ne words "Limited Liabili	ity Compar	y," the designation "L	LC" or the abbreviation
Enter new principal offices	ddress, if applicabl	e:			
(Principal office address MU)	ST BE A STREET A	(DDRESS)			and the state of t
	•		·····		
Enter new mailing address, i	Fapplicable:				
(Mailing address MAY BE A	POST OFFICE BO	<u></u>			
			PI <u>. A. J </u>	<u> </u>	
B. If amending the registe registered agent and/or the n			ress on or	ur records, <u>enter 1</u>	he name of the new
Name of New Regist	ored Agent:				
New Registered Offic	e Address:			Wild a g	
			Ente	n Florida street addi	7255
	-	City		, Florida	7in Coda

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 affice 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 MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	INGRID M TRUJILLO	110 WASHINGTON AVE NO. 1512 MIAMI BEACH, FL 33139	Add Remove
· ,			Add Remove
;			Add Remove
1			Add Remove
			Add Remove
			Add Remove
D. Ifamer —	nding any other information, enter c	hange(s) here: (Attach additional sheets, if necesso	
- - -			ZOID AUG 17 AM 9: 84. SEURLTARY OF STATE TALLAHASSEE. FLORIDA
Dated	AUGUST 16	2010	E.FLORIDE
	Signature of a me	ander or authorized representative of a member	v .
		MARCO KIRBY	
	1	yped or printed name of signee	

Page 2 of 2
Filing Fee: \$25.00