

L10000084960Florida Department of State
Division of Corporations
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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**L. SELLERS**
AUG 26 2010
EXAMINER

****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
FOUR FRIENDS AND DREAM, LLC

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

RECEIVED

10 AUG 25 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDASECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 AUG 25 AM 10:17

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Four Friends And Dream, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/13/2010 and assigned
Florida document number L10000084980

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FOUR FRIENDS AND A DREAM, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

Enter Florida 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 hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

SECRETARY OF STATE
JANISSE FLORIDA

10 AUG 25 AM 10:17

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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	Name	Address	Type of Action
MGR	ALBERTO SIRVEN	8200 SW 117TH AVE. STE 304 MIAMI, FL 33183	☒ Add ☐ Remove
MGR	JULIO E. ARRONTE	8200 SW 117TH AVE. STE 304 MIAMI, FL 33183	☒ Add ☐ Remove
MGR	GELKA C. ARRONTE	8200 SW 117TH AVE. STE 304 MIAMI, FL 33183	☒ Add ☐ Remove
MGR	GELKA C. ARRONTE	8200 SW 117TH AVE. STE 304 MIAMI, FL 33183	☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 08-25, 2010

Signature of a member or authorized representative of a member

VIVIANA SIRVEN

Typed or printed name of signer

Registered Agent