Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Number : I20100000009

Fax Number : (850) 617-6383 Account Name : FASTKIT CORP Phone : (305)599-0839 : (305)592-9591 Fax Number **Butter 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 BARCENAS INVESTMENT GROUP, LLC

| Certificate of Status | 0 |
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C. LEWIS

APR 2.3 2013

EXAMINER

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

13 APR 22 AM 8: 27 SECHETARY OF STATE TALLAHASSEE, FLORIDA

| (Name of the Limite | d Liability Compa A Florida Limited I | ny as it now ap Jability Compar | pears on our records.) | |
|---|--|------------------------------------|------------------------------|---------------------|
| The Articles of Organization for this Limited I Florida document number L11000068070 | | were filed on | 06/10/2011 | and assigned |
| This amendment is submitted to amend the fol | lowing: | | | • |
| A. If amending name, enter the new name | of the limited lish | ility company | hore: | |
| N/A | | | | |
| The new name must be distinguishable and end w "L.L.C." | ith the words "Lim | ited Liability Co | mpany," the designation "LLC | or the abbreviation |
| Enter new principal offices address, if applicable: | | N/A | | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | | |
| Enter new mailing address, if applicable: | | N/A | | |
| (Mailing address MAY BE A POST OFFICE | BOX) | | | |
| B. If amending the registered agent and registered agent and/or the new registered of | | | on our records, enter the | name of the new |
| Name of New Registered Agent: | N/A | | | |
| New Registered Office Address: | N/A | | | |
| | <u> </u> | | Enter Florida street addres | s |
| | | | , Florida | |
| | | City | | Zin 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

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If amending the Managers or Managing Members on our records, enter the title, name, and Palages of each Manager or Managing Member being added or removed from our records:

SEGRETARY OF STATE
TALLAHASSEE, FLORIDA

| MGR = Ma MGRM = M | nager Iansging Member | TALLAHASSEE. | FLORIDA |
|----------------------|--------------------------|---|---------------|
| Title . | Name | · — | vpc of Action |
| MGR | SERGIO GARCIA | 10550 NW 77TH COURT | Add |
| | | STE 305, HIALEAH GARDENS | Remove |
| | | FL, 33016 | |
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| April | 22nd, M | ₁ 2013 | , | | |
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