

L 11000126447

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6363

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.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

TIRA.D.TOSS, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

JUN 20 2014

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TIRA.D.TOSS, 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 11/04/2011 and assigned Florida document number L11000128447

This amendment is submitted to amend the following:

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

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

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| Title | Name | Address | Type of Action |
|----------|-----------------------|--------------------------------|---|
| AMBR/MGR | Fabrizio L. Garofolin | 5750 E. 3RD. Avenue | <input checked="" type="checkbox"/> Add |
| | | Hialeah FL 33013 | <input type="checkbox"/> Remove |
| AMBR/MGR | Flavio Travano | 9369 Fountainebleau Blvd #J102 | <input checked="" type="checkbox"/> Add |
| | | Miami FL 33172 | <input type="checkbox"/> Remove |
| AMBR/MGR | Jonathan Sanchez | 8909 SW 150th Pl Cir | <input checked="" type="checkbox"/> Add |
| | | Miami FL 33196 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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CLERK OF DISTRICT COURT

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

PLEASE ADD THE FOLLOWING DISTRIBUTION OF UNITS

FLAVIO TRAVANO - AMBR/MGR - 75% OF UNITS

JONATHAN SANCHEZ - AMBR/MGR - 16% OF UNITS

FABRIZIO L. GAROFOLIN - AMBR/MGR - 10% OF UNITS

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JUNE 16TH 2014


Signature of a member or authorized representative of a member

FLAVIO TRAVANO

Typed or printed name of signer

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TALLAHASSEE FLORIDA

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