L11000/34021

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SECRETARISHES STATE

JAN 1 7 2013 T. HAMPTON

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Fast	nion Direct, LL Name of Limite	C ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Marc Rovne	Name of Person	
	Fashion D	Finn/Company	
	7886 Tenn	Son Cart Address	
	Boca Ratan	FL 33433 City/State and Zip Code	
	Mrovner@rovr E-mail address: (1	o be used for future annual report notificat	ion)
For further information co	oncerning this matter, please ca	il):	
Marc Range Name of	`Person	at (501) 287 - 62 Area Code Daytime Te	379 lephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Gircle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF The Articles of Organization for this Limited Liability Company were filed on 11 28 and assigned Florida document number 41000134021 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: Boca Rata, Florida 33433 City Zip Code New Registered Office Address: 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

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 or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			Remove	
			Add	
			Remove	
			Add	
			SECTION REPORT	
			第 王	
		_		
			Remove	
			Add	
			Remove	
			Add	

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	Amending business activities from retail vu	holesale
	Amending business activities from retail/wo of clothing to Real Estate Sales.	
E. Effect (If an eff	tive date, if other than the date of filing: 1-1-2014 (optional) ective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b)
, Janua	uR	
	Signature of a member or authorized representative of a member Marc Rame Typed or printed name of signee	
	Page 3 of 3	
	Filing Fee: \$25.00	20 T

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SECRETARY OF STATE TALLAHASSEF, FLORIDA