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COVER LETTER

	gistration Section vision of Corporations				
SUBJECT:	Fast Best 1, LLC				
Sebble 1.	Name of Limited Liability Company				
The enclose	d Articles of Amendment and fee(s) are submitted for filing.				
Please retur	n all correspondence concerning this matter to the following:				
	Mr. Michael Anthony Gonzalez				
	Name of Person				
	Fast Best 1, LLC				
	Firm/Company				
1840 NE 48th St.					
	Address				
Pompano Beach, Florida 33060					
	City/State and Zip Code				
	jonnewkirt@gmail.com				
	E-mail address: (to be used for future annual report notification)				
For further i	nformation concerning this matter, please call:				
Mr. Jona	Name of Person at (954) 465-0442 Area Code & Daytime Telephone Number				
	Name of Person Area Code & Daytime Telephone Number				
Enclosed is	a check for the following amount:				
≭ \$25.00 F	iling Fee \$\ \bigcup \\$30.00 \text{ Filing Fee & } \bigcup \\$55.00 \text{ Filing Fee & } \bigcup \\$60.00 \text{ Filing Fee, } \\ \text{Certificate of Status & } \\ \text{(additional copy is enclosed)} \end{additional copy is enclosed} \tag{\$60.00 \text{ Filing Fee, } \\ \text{Certificate of Status & } \\ \text{Certified Copy } \\ \text{(additional copy is enclosed)} \end{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 Circle
Tallahassee, FL 32301

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

FILED

12 MAY -7 PM 10. 04

			1101	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
Fast Best 1, LLC			SECRE	TARY OF STATE	
(Name of the Limited (A	Liability Compar	ıy as it now appea	rs on our records)	IASSEE, FLORIDA	
. (A	riorida Elimied L	lability Company)			
The Articles of Organization for this Limited Lia	ibility Company	were filed on	April 6, 20	12 and assigned	
Florida document number <u>L1200047719</u>	<u></u> •				
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabi	lity company her	<u>·e</u> :		
	•				
The new name must be distinguishable and end with 'L.L.C."	the words "Limit	ed Liability Compa	any," the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applica	ble:	1840 NE	48th Street		
Principal office address MUST BE A STREET	ADDRESS)	Pompano P	Beach, F1 330	50	
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE B	(OX)				
If amending the registered agent and/or registered agent and/or the new registered offi			our records, <u>ente</u>	r the name of the new	
		·•			
Name of New Registered Agent:	Michael A	Anthony Gonza	ılez		
New Registered Office Address:	1840 NE 4	8th St			
Enter Florida street address					
	Pompano B	seach, Fl	, Florida	33060	
		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.

Changing Registered Agent, Signature of New Megistered Agent

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
owner Mgrm	Michael A. Gonzalez	1840 NE 48th St. Pompano Beach, F1 33060	K Add Remove
Owner Mgrm	Jonathan D. Newkirt	7806 NW 70th Terrace Tamarac, F1 33321	Add Remove
	Daniel Alonzo Cancel	8461 Spring Tree Dr. #102A Sunrise, F1 33351	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necesso	ary.)
			FILED 12 MAY -7 PH P: 39 SECRETARY OF STATE FACTORIDA FACTORIDA 12 MAY -7 PH P: 39
Dated Ma	1) 1 20	111/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	39 11. 39
	Michael An	nber or authorized representative of a member thony Gonzalez	
	Ту	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00