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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORP

Account Number : I20100000009

Fax Number

Phone : (305)599-0839 : (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.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BOFFIL SUPERIOR CONCRETE FINISH LLC

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EXAMINER

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BOFFIL SUPERIO	R CONCRETE FI	NISH LLC	
(Name of the Limited Liability (A Florida L	imited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Co.	ompany were filed on	08/17/2012	and assigned
Florida document number <u>L12000105974</u>	¹		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company he	Œ:	
:		,	
The new name must be distinguishable and end with the word "L.L.C."	is "Limited Liability Comp	my," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	4		
(Principal office address MUST BE A STREET ADD	ess)		
	Maria Maria	7	
Enter new mailing address, if applicable:			12 S
Mailing address MAY BE A POST OFFICE BOX			
			. 500
B. If amending the registered agent and/or registered agent and/or the new registered office addr		our records, <u>enter t</u>	ne name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Repistered Office Address:			
	. Ez	iter Florida street addi	ess
·		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

, L

MGR = Manager

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:

MGRM = Managing Member Title <u>Address</u> Type of Action Name **MGRM** LIVET BOFFIL LLACER 8300 WEST FLAGLER ST #121 Add Remove MANUEL MICHAEL LAM MGRM 8300 WEST FLAGLER ST #121 ✓ Add 🗖 Remove MIAMI FL 33144 DDA 🗔 ☐ Remove ☐ Add 🖺 Remove Remove ∏Add -Remoye D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SEPTEMBER 5 Dated Signature of a member or authorized representative of a member LIVET BOFFIL LLACER Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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