

L13000033035

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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(((H14000109660 3)))



H140001096603ABC.

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To:

Division of Corporations
Fax Number : (850) 617-6333

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****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
ANCAJA INVESTMENTS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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RECEIVED**14 MAY -8 AM 8:48**SECRETARY OF STATE
TALLAHASSEE, FLORIDASECRETARY OF STATE
TALLAHASSEE, FLORIDA**14 MAY -8 PM 3:07****FILED**



May 8, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ANCAJA INVESTMENTS LLC
3901 S. OCEAN DRIVE
#12P
HOLLYWOOD, FL 33019US

SUBJECT: ANCAJA INVESTMENTS LLC
REF: L13000033035

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H14000109660
Letter Number: 614A00009809

RECEIVED
14 MAY -8 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ANCAJA INVESTMENTS LLC

(Name of this Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

FILED
14 MAY -8 PM 3:07
CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03-04-13 and assigned
Florida document number L13000033035

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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 or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

JORGE RAO (35 UNITS)
SUSANA PUIG (35 UNITS)
ANDREA RAO (10 UNITS)
CAROLA CINTIA RAO (10 UNITS)
JACQUELINE RAO (10 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 5-8 2014

✓ 

Signature of a member or authorized representative of a member

CLAUDIA BENJUA

Typed or printed name of signer