

L1300004427

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

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Account Name : FASTKIT CORP
Account Number : 120100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

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TALLAHASSEE, FLORIDA

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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.****

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PROVIDERS SUPPLIES AW LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDAK. SALY
EXAMINER
SEP 11 2015

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PROVIDERS SUPPLIES AW LLC

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

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The Articles of Organization for this Limited Liability Company were filed on DEC. 09, 2013 and assigned
Florida document number L13000044427.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

8347 NW 64 STREET UNIT 7

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FLORIDA 33166

Enter new mailing address, if applicable:

8260 W FLAGLER STREET STE 2-C

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FLORIDA 33144

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

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