

L13000067279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

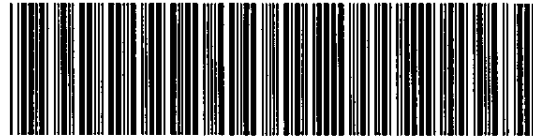
(Business Entity Name)

(Document Number)

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2013 NOV 18 PM 4:09
TALLAHASSEE, FLORIDA

B. BOSTICK

NOV 19 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fast Fibr, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alex Borell
Name of Person
Alexander Borell, Attorney At Law
Firm/Company
3211 Ponce De Leon Blvd., Suite 200
Address
Coral Gables, FL 33134
City/State and Zip Code
alex@borellaw.com
E-mail address: (to be used for future annual report notification)

TALLAHASSEE, FL 32301
2013 NOV 18 PM 4: 09

For further information concerning this matter, please call:

Alex Broell at (786) 586-5562
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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 Circle
Tallahassee, FL 32301

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

Fast Fibr, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/08/13 and assigned
Florida document number L13000067279.

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)

MAY 18 PM 4:08
TALLAHASSEE, FLORIDA

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

_____, **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

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:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jason Delgado	3211 Ponce De Leon Blvd.	<input type="checkbox"/> Add
		Suite 200	<input checked="" type="checkbox"/> Remove
		Coral Gables, FL 33134	
MGR	Oni Vicente	3211 Ponce De Leon Blvd.	<input checked="" type="checkbox"/> Add
		Suite 200	<input type="checkbox"/> Remove
		Coral Gables, FL 33134	
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

TALLAHASSEE COUNTY
 NOV 18 11:30 AM '18

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

Dated Nov 15, 2013.



Signature of a member or authorized representative of a member

Edgar Caballero

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA