

43000130258

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000213941 3)))



H130002139413ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
Fax Number : (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.****

Email Address: _____

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 SEP 25 PM 2:35

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
D&E MADAME, LLC**

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

RECEIVED

13 SEP 25 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 26 2013

RETURN TO

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

D&E MADAME, 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 09/16/2013 and assigned
Florida document number L13000130258

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

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 SEP 25 PM 2:35

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
3 SEP 25
4 2:35

Title	Name	Address	Type of Action
MGR	MONTERO, ERIKA Y	18864 SW 319 STREET HOMESTEAD FL 33030	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

MGRM	MONTERO, ERIKA UY	18864 SW 319 STREET HOMESTEAD, FL 33030	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
------	-------------------	--	--

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

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

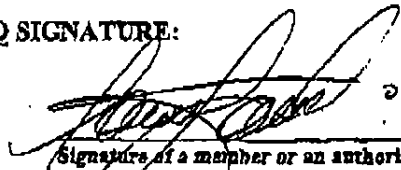
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
--	--	--	---

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

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

Dated SEPTEMBER 24, 2013.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

ERIKA Y. MONTERO

Typed or printed name of signer

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 SEP 25 PM 2:35