

U3000 149636

Florida Department of State
Division of Corporations
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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: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JERK MACHINE @ PLANTATION LLC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAY 29 2015
TALLAHASSEE, FLORIDA

15 MAY 29 AM 7:59

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JUN 01 2015

J SHIVERS

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

JERK MACHINE @ PLANTATION 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 10/23/2013 and assigned Florida document number L13000149636.

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)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
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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 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

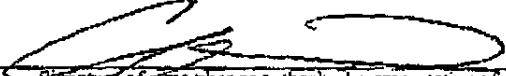
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>DAVIS, TREMAYNE L</u>	<u>611 Northwest 39th Avenue</u>	<input type="checkbox"/> Add
		<u>Lauderhill, Florida 33311</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>PORTABELLA FLP</u>	<u>PO BOX 14035</u>	<input type="checkbox"/> Add
		<u>Fort Lauderdale, Florida 33302</u>	<input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>PORTABELLA INVESTMENTS, LLC</u>	<u>377 North State Road 7</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 201</u>	<input type="checkbox"/> Remove
		<u>Plantation, Florida 33317</u>	
<u>MGR</u>	<u>C. J. A. MALCOLM</u>	<u>Post Office Box 14035</u>	<input checked="" type="checkbox"/> Add
		<u>Fort Lauderdale, Florida 33302</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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 May 27, 2015.



Signature of a member or authorized representative of a member

C. J. A. Malcolm

Typed or printed name of signee

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