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Το:	Division of Corporations Fax Number : (850)617-6383		21 JUL 15
From:	Account Name : FASTKIT CORP Account Number : 120100000029 Phone : (305)599-0839 Fax Number : (305)592-9591		AM 10: 37
a E	<pre>he email address for this busin nnual report mailings. Enter only mail Address:</pre>	ess entity to be used fo one email address pleas	or future e.**
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וא גער און און א גער אין	LC AMND/RESTATE/CORRI BIANCO FINE FO		GN
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Corporate Filing Menu Electronic Filing Menu

Help

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BIANCO FINE S		
(Name of the Limited Liability Comps (A Florida Limited	inv as it new appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>12/16/2013</u>	and assigned
This amendment is submitted to amend the following:		21 NISI
A. If amending name, enter the new name of the limited liab	<u>ility company here</u> :	JUL I
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abi	srevistion 'LLC'
Enter new principal offices address, if applicable:	8740 NE 2ND AVENUE	AH D:
(Principal office address MUST BR A STREET ADDRESS)	EL PORTAL, FL 33138	O: 87
Enter new mailing address, if applicable:	8740 NE 2ND AVENUE	
(Mailing address MAY BE A POST OFFICE BOX)	EL PORTAL, FL 33138	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the usm</u>	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enser Plorida strees address	
	Florida	

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 llability company has been notified in writing of this change.

Chy

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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MGR = M AMBR ¤ A	anager uthorized Member		
Title	Name	Address	<u>Type of Action</u>
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E. Effective date, if other than the date of filing:	03.0207 isted as	7 (3)(b) s the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at record is filed.	fter the	
Dated IST DAY OF JULY 2021		
Signature of a member or authorized representative of a member		
MGRM		
Typed or printed name of signce		

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

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