

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
INTERNATIONAL MASTER GROUP, LLC

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

OCT 10 2013

V SHUKER

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

INTERNATIONAL MASTER GROUP, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/16/2014 and assigned
Florida document number L 14000009154

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

E. 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

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If mandating 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

Title	Name	Address	Type of Action
MGRM	URIARTE F, JAVIER GROUT	2350 NW 93 AVE	☐ Add
		DORAL, FL 33172	☒ Remove
			☐ Change
MGR	JAVIER URIARTE FENLEY	2350 NW 93 AVE	☒ Add
		DORAL, FL 33172	☐ Remove
			☐ Change
			☐ Add
			☒ Remove
			☐ Change
	URIARTE, JAVIER SR	2350 NW 93 AVE	☐ Add
		EL DORAL, FL 33172	☒ Remove
			☐ Change
AMBR	KATHERINE M HERNANDEZ	2221 ADAM ST APT-8	☒ Add
		HOLLYWOOD, FL 33020	☐ Remove
			☐ Change
MGR	URIARTE, FLORA A	2350 NW 93 AVE	☐ Add
		EL DORAL FL 33172	☒ Remove
			☐ Change

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

PLEASE NOTE, WE ARE AMENDING: URIARTE, JAVIER SR. TITLE: INTERNATIONAL MASTER
GROUP LLC (REMOVE)

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 after the record is filed.

Dated OCT 7th 2016

Signature of a member or authorized representative of a member

JAVIER URIARTE FENLEY

Typed or printed name of signer