Division of Corporations Electronic Filing Cover Sheet

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	Ö		Fax Number : (850)617-6383	[]	2021
	F	From:	Tax reducer . (050/02) 0505	LAHASSEE	NOF 1
1.1	ထ		Account Name : FASTKIT CORP	(<u>0</u>)-	
\supset	1		Account Number : I20100000009	177-1	တ်
	11:50		Phone : (305)599-0839	$[n]_{C_{-}}$	
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	,7	**Enter t ann	the email address for this business entity to be used for future ual report mailings. Enter only one email address please.**	<u>.</u>	C
		Ema	il Address:		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INTERNATIONAL MASTER GROUP, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTERNATIONAL MASTER GROUP, LLC			
(Name of the Limited Liability Co (A Florida Limi	mnany as it now appears on ested Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Comp	any were filed on	<u>. </u>	and assigned
Florida document number L14000009154			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	for this Limited Liability Company were filed on		
The new name must be distinguishable and contain the words "Limited L	iability Compалу," the designa	tion "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	1	······	1021 1021
			25.5
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	,	·	一歪跳 计
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our record	s, <u>enter the name o</u>	f the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stra	eet 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 amending 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	<u>Name</u>	Address	Type of Action
AMBR	JAVIER URIARTE FENLEY	8534 NW 70 STREET	□ Add
		MIAMI, FL 33166	■Remove
			□Change
MGR	JAVIER URIARTE FENLEY	8534 NW 70 STREET	
		MIAMI, FL 33166	□Remove
			TA Chang 22
AMBR	DIANA C LAY	4635 SW 94 CT	ZET JUH - E
		MIAM:, FL 33165	m. w
			□Remover © = = = = = = = = = = = = = = = = = = =
			□Add
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