

# #L14000042416

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : FASTKIT CORP  
 Account Number : I2010C000009  
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15 MAR 26 AM 10:00  
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### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JERK MACHINE @ MIAMI GARDENS, LLC

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

K. SALY  
 EXAMINER  
 MAR 27 2015



March 26, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

JERK MACHINE @ MIAMI GARDENS, LLC  
POST OFFICE BOX 14035  
FORT LAUDERDALE, FL 33302

SUBJECT: JERK MACHINE @ MIAMI GARDENS, LLC  
REF: L14000042416

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Please write in the complete name of the Registered Agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H15000075324  
Letter Number: 815A00006025

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15 MAR 26 AM 10:00  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

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2015 MAR 26 AM 8:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

JERK MACHINE @ MIAMI GARDENS, 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 03/13/2014 and assigned Florida document number 114000042416.

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:

HGT CERTIFIED PUBLIC ACCOUNTANTS &  
CONSULTANTS, LLC

New Registered Office Address:

3816 HOLLYWOOD BOULEVARD, SUITE 203

Enter Florida street address

HOLLYWOOD

City

Florida

33021

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 603, 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.

[Signature]  
If Changing Registered Agent, Signature of New Registered Agent

in 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>
MGR	PORTABELLA FLP	Post Office Box 14035	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, Florida 33302	<input type="checkbox"/> Remove
MGR	CATHERINE MALCOLM	Post Office Box 14035	<input type="checkbox"/> Add
		Fort Lauderdale, Florida 33302	<input checked="" 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

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

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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 March 23, 2015.



Signature of a member or authorized representative of a member

TREMAYNE L. DAVIS

Typed or printed name of signer

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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