oracions vision of Con orida Department of State **Division of Corporations Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000200094 3)))



H140002000943ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations Fax Number : (850)617-6383 From: Account Name : FASTKIT CORP Account Number : I2010000009 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.

CE VED	25 PH 1;:40	DE CORPORTION DE	AMND/RESTATE/CORREC	MND/RESTATE/CORRECT OR M/MG RESIGN HENNASI, LLC	
С Ш	AUG 2	CN CAU	Certificate of Status	0	
Ш 02	4 H	NISI	Certified Copy	0	GALY
	•	<u>10</u>	Page Count	03	K. SAMINER
			Estimated Charge	\$25.00	K. SALY EXAMINER AUG 26 2014

Aug. 25. 2014 3:02PM		No. 5484 P. 3/5
ARTICLES OF	AMENDMENT	2014 AUG 25 AM 10: 30
T	_	2014 1100
ARTICLES OF C	RGANIZATION	- AUG 25 AM 10
0		SLONE 10: 30
HENDOSI, LLC (Nauss of the Limit na Liebyling Comma (A Phonda Limited)	ay at it now appears on sar records.) ability Company)	TALLAHASSEE, FLORID;
The Articles of Organization for this Limited Liability Company Florida document number <u>12/0008(620</u> /	were filed on <u>5/28/14</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
The new name must be distinguishable and end with the words "Limited Liabi Enter new principal offices address, if applicable: <u>(Principal office address MUST BE A STREET ADDRESS)</u>	lity Company." the designation "LLC" or t	be abbreviation "L.L.C."
Eater new mailing address, if applicable:	······································	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If smending the registered agent and/or registered of registered agent and/or the new registered office address here		et the name of the new
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 60S, F.S. Or, if this document is being filed to merely reflect a change in the registered affice 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

Page 1 of 3

Aug. 25. 2014 3:02PM

If smending the Managers or Authorized Member on our records, enter the fitle, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member



Aug. 25. 2014 3:02PM

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: 2/20/2 (optional (The effective date roun 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) 'AT 12 X (optional) P 101 2 Dated 7) 'ALL ٨ Signature of a member or authorized representative of a member Typed or printed name of signer



Page 3 of 3 Flüng Fce: \$25.00