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| 0 H > | PM 12: 00 | RPORATIONS MMERCIAL SERVICES | To: From: | Division of Cor Fax Number | rporations : (850)617-6383 | DRETAN GA LAHASSEF, F | 87 1 - 130 | FILED |
| RECE | 14 OCT - 1 | VISION DE CO Bureau de Co Information | 2 2 0 | Account Name Account Number Phone Fax Number | : FASTKIT CORP : I20100000009 : (305)599-0839 : (305)592-9591 | VCINOT TORDA | 10 53 10 53 | |

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KROSS 6917, LLC

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OCT 02 2014

S. YOUNG

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | ROSS 6917, LLC | | |
|--|---|-----------------------------|------------------------|
| (Name of the Limited Liability (A Florida) | Company as it now annea limited Liability Company) | rs on our records.) | |
| The Articles of Organization for this Limited Linbility Co Florida document number <u>L14000092668</u> | ompany were filed on _ | 06/09/2014 | and assigned |
| This amendment is submitted to a nend the following: | | | |
| A. If amending name, <u>enter the new name of the limit</u> | | | |
| The new name must be distinguishable and end with the words "Lim | ited Liability Company," the | designation "LLC" or the | e abbreviation "1L.C." |
| Enter new principal offices address, if applicable: | N/A | | |
| (Principal office uddress MUST BE A STREET ADDRI | ?SS) | | 15 BT F1 |
| Enter new mailing address, if applicable: | N/A | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | 100 M U |
| B. If amending the registered agent and/or registered agent and/or the new registered office address. | ered office address or ess here: | n our records, <u>ent</u> e | •- |
| Name of New Registered Agent: N/A | | | |
| New Registered Office Address: | Enter Flo | rida 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 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

If 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:

۲.

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------------------|----------------|
| MGRM | MARCO LIERA | 8740 NE 2ND AVENUE | |
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| f amending any other information, enter c | hange(s) here: (Attach additio | tach additional sheets, if necessary.) | |
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| Effective date, if other than the date of filin The effective date must be specific, cannot be prior to do the date this document is filed by the Florida Departmen | ite of receipt or filed date and cannot t | (optional) of the more than 90 days after | |
| Dated OCTOBER 1ST | , <u>2014</u> . | | |
| | | | |
| Signature of a | member or authorized representative | | |
| | MARY E. PRADO | JS | |

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