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SECRETARY OF SIAIL
IALLAHASSIE, FLORID.

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COVER LETTER

TO: Registration S Division of Co	
Fast Ac	t Restoration, LLC
30b3EC1	Name of Limited Liability Company
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.
Please return all corresp	condence concerning this matter to the following:
	Eugene L Fioravante
	Name of Person
	Fast Act Restoration, LLC
	Firm/Company
	745 Alhambra Circle
	Address
	Coral Gables, FL 33146
	City/State and Zip Code
	GFioravant@aol.com
	E-mail address: (to be used for future annual report notification)
For further information of	concerning this matter, please call:
Pam Clingan	954 713-7400
Name o	of Person Area Code Daytime Telephone Number
Enclosed is a check for t	the following amount:
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO 'ARTICLES OF ORGANIZATION OF

Fast Act Restoration, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L14000133913		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1200 NE 7 Avenue, Suite 8	
(Principal office address MUST BE A STREET ADDRESS)	Ft Lauderdale, FL 33304	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address , Flori da	OCT 23 AH
	City	CZip Gade
New Registered Agent's Signature, if changing Registered Agent:		37
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office	performance of my duties, and I am provided for in Chapter 605, F.S. O	n familiar with and r, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Add
			Remove
			Add
		140000000000000000000000000000000000000	Remove
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			ATT Premove
			SA N PER
			OF SHE
			Remove
			□ Remove

ii amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
The effective	date, if other than the date of filing: (optional) date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)
Dated Oc	tober 20 2014
-	
	Signature of a member of authorized representative of a member Jeffrey N Marks
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE