DIVISION OF Corporations

## g/scripts/efilcovr.exe L 14 000 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.

(((H14000240885 3)))



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

Erom:

Account Name : FASTKIT CORP

Account Number : I20100000009

: (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.\*\*

Email	Address:	 	 		 	
	++	 	 	 		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JLSD GLOBAL INVESTMENT GROUP, LLC

مركب ودوره كالمتاكم الكاركيسية سنطفها ومعادلاته فالماركية
0
0
03
\$25.00

T. 5000 POT: 1 5 2014

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JLSD Global Investment Group, LLC

Tren Grobal Inagetment	eroup, Luc (		
(Name of the Limited Lindilly Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	<del></del>	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on September 4, 2014	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:		
	N/A		
The new name must be distinguishable and end with the words "Limited Lieb	ility Company," the designation "LLC" or the at		•
Enter new principal offices address, if applicable:	N/A	FASE TA	_
(Principal office address MUST BE A STREET ADDRESS)		<u>}</u> 8	
		(A)	
		SEC -	
Enter new mailing address, if applicable:	N/A	TO 72 1	Ĭ
(Muiling address MAY BE A POST OFFICE BOX)		07 5	Jestine.
, — —		<u>5</u> 7 5	•
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	<b>e:</b>	he name of the r	new
Name of New Registered Agent:	N/A		-
New Registered Office Address:			_
	Enter Florida street address		
			_
·	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
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 period filed to merely reflect a change in the registered office	performance of my duties, and I am for avided for in Chapter 605, F.S. Or, i	miliar with and f this document is	the
company has been notified in writing of this change.	n/A		
If Chas	ging Registered Agent, Signature of New Reg	istered Amont	

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

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	VASKO GJELAJ	5 Kathryn Lane,	SIXAdd ADD
	** 1	Mahopae, NY 10541	
			□ Remove
			<b>-</b>
<del></del>			
1			Rome¥c
1			Parkment C
			SS F
			OREINOVE
1			25 5
			□ Remove
			A00 لما
			<del></del>
<del></del>			□ Add
			□ Remove

Therein date if all we should be of filling.	
Péraning data de la	
Therefore does it not make the does of tilling.	
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than the date this document is filed by the Florida Department of State)	_ (aptional) 90 days after
Dated October 14, 2014	
Signature of a member of a number inced representative of a member	,
Luis Brito  Typed or offmied name of signer.	-

Page 3 of 3

Filing Fee: \$25.00

14 OCT IL PH 4: 45
SECRETARY OF STATE
TALLAHASSEE, FLORID!