

L14000149157

Florida Department of State
Division of Corporations
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(((H14000281500 3)))



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

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
L2A ADVISORY PARTNERS LLC**

Certificate of Status	0
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December 8, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

L2A ADVISORY PARTNERS LLC
9541 CARLYLE AVENUE
SURFSIDE, FL 33154

SUBJECT: L2A ADVISORY PARTNERS LLC
REF: L14000149157

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

The current name of the entity is as referenced above. Please correct your document accordingly.

Chapter 605, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" or the like from your document.

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.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H14000281500
Letter Number: 514A00025781

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INFORMATION SERVICES

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

L2A ADVISORY PARTNERS 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 09/23/14 and assigned Florida document number L14000149157.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

CARLOS CAAMANO

New Registered Office Address:

9541 CARLYLE AVENUE

Enter Florida street address

SURFSIDE

Florida

33154

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:

MGR - Manager
 AMBR - Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	LUIS M. CABRERA	3500 OAKS CLUBHOUSE DR 104	<input checked="" type="checkbox"/> Add
		POMPANO BEACH, FL 33069	<input type="checkbox"/> Remove
MGR	CARLOS CAAMANO	9541 CARLYLE AVENUE	<input checked="" type="checkbox"/> Add
		SURFSIDE, FL 33154	<input type="checkbox"/> Remove
MGR	RAQUEL AFRIAT	9541 CARLYLE AVENUE	<input type="checkbox"/> Add
		SURFSIDE, FL 33154	<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

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: _____ (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 DECEMBER 05 2014

Signature of a member of the Board or Executive of a member


RAQUEL AFRIAT

Typed or printed name of signee