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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : FASTKIT CORP Account Number : I20100000009

Account Number: 120100000009
Phone : (305)599-0839

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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 ORBIT DISTRIBUTORS, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

MAY 25 2016

J SHIVERS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•	ORBIT DISTR	IBUTORS, LLC		•
(Name of the Lin	rited Liability Compa (A Florida Limited I	ny as it now appea lability Company)	rs on our records.)	
The Articles of Organization for this Limited	Liability Company	were filed on	09/24/2014	and assigned
Florida document number L1400014955				
This amendment is submitted to amend the fo	llowing:			• •
4. If amending name, enter the new name	of the limited liab	dity company h	ere:	
he new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the o	lesignation "LLC" or i	he abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:			14 ang
Principal office address MUST BE A STRE		7230 NW 114T	H AVE APTO 107	三百 古
		DORAL FL 33	178	
			•	Y24
Enter new mailing address, if applicable:		7220 NOV 114T	H AVE APTO 107	
<u>Mailing address MAY BE A POST OFFICE</u>	<u>EBOX)</u>			62 9 7
		DORAL FL 33	1/8	202 B
3. If amending the registered agent and egistered agent and/or the new registered of	i/or registered of office address here JOSE ANTON		ı our records, <u>er</u>	iter the name of the
Name of New Registered Agent				<u> </u>
New Registered Office Address:	7230 NW 114T	H AVE APTO 10		
		Enter Floi	rida street address	
	DORAL		, Florid	33178 Zip Code

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

Page 1 of 3

an amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
CEO	JOSE LUIS GARCIA	9831 NW 58 St UNIT 147	□ Add
		DORAL FL 33178	■ Remove
			☐ Change
CEO	iose a colina	7230 NW 114TH AVE APTO 107	≅ Add
		DORAL FL 33178	□ Remove
			□ Change
******************			_ □ Add
			□ Remove
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