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S. WARREN AUG 0 3 2017

COVER LETTER

O: Registration Secti Division of Corpo				
SUBJECT:	estest Prop	erties CCC	·	
		nited Liability Company		
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.		
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rease return all correspond	ence concerning this matter	Name of Person		
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	12715.	Kilitary J	•	
	West K	γ . \uparrow Z	U. 33415	
		City/State and Zip Code vertices & Hoth to be used for future annual report no	iail con	
or further information cond	cerning this matter, please ca	1	incurent,	
Jule	rery		-6463	
Name of Pe	erson	Area Code Daytii	ne Telephone Number	
nclosed is a check for the f	following amount:	·		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Registration Division of P.O. Box 6	f Corporations	STREET/COUR Registration Section Division of Corport Clifton Building 2661 Executive Countries FL 3	enter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on __________________________ and assigned

Fastest Properties (CC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number <u>£ 14000154699</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	ppany here:
he new name must be distinguishable and contain the words "Limited Liability Comp	my branchesignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
Maning maness MAT DE ATOST OFFICE DON	
. If amending the registered agent and/or registered office adegistered agent and/or the new registered office address here: Name of New Registered Agent:	dress on our records, enter the name of the new
Name of New Registered Agent.	
New Registered Office Address:	Enter Florida street address
Cin	Florida Zip Code
w Registered Agent's Signature, if changing Registered Agent:	z.p Cine
nereby accept the appointment as registered agent and agree to accovisions of all statutes relative to the proper and complete perform cept the obligations of my position as registered agent as provideding filed to merely reflect a change in the registered office address mpany has been notified in writing of this change.	adnce of my duties, and I aṃ fámilian with and I for in Chapter 605, F.S. Or, if this document is
n Changing Reg	ister of Agent, Signature of New Registereo Spent

	Authorized Person(s) authorized to mar from our records:	nage, enter the title, name, and address	s of each person being added
MGR = M AMBR = A	anager uthorized Member		
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
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ffective date is : If the date	inserted in this blo tive date on the De	be specific and cannot ock does not meet the partment of State's i	be prior to date of (e applicable statu- records.	H - 2017- iling or more than 90 da tory filing requirement	nts, this date will not	be listed as the
	cifies a delayed y after the reco		out not an effe	ective time, at 12	2:01 a.m. on the	e earlier of:
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	Falsi		D. A.	P 2 2		
e 90th da	Federic	Co de la Signature of a member	Asta or authorized repre	esentative of a member	guel k	iroso

Page 3 of 3

Filing Fee: \$25.00