

11400116408  
Florida Department of 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.

((H15000075320 3)))



H150000753203ABCK

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED  
15 MAR 25 AM 10:01  
REGISTRATION SERVICES

To: Division of Corporations  
Fax Number : (850) 617-6383  
From: Account Name : FASTKIT CORP  
Account Number : I20100000009  
Phone : (305) 599-0839  
Fax Number : (305) 592-9591

2015 MAR 25 AM 9:45  
FILED  
SECRETARY OF STATE  
ALLIANCE FLORIDA

\*\*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

JERK MACHINE @ LAUDERHILL LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

MAR 26 2015  
J. BRUCE

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

JERK MACHINE @ LAUDERHILL 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 10/27/2014 and assigned Florida document number L14000166468.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED  
MAR 25 AM 9:45  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
DADE, FLORIDA

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:

New Registered Office Address:

Enter Florida street address

Florida

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>
MGRM	TREMAYNE L. DAVIS	611 NORTHWEST 39TH AVENUE	<input checked="" type="checkbox"/> Add
		LAUDERHILL, FLORIDA 33311	<input type="checkbox"/> Remove
MGR	PORTABELLA FLP	Post Office Box 14035	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, Florida 33302	<input type="checkbox"/> Remove
MGR	VETA E. FOOTE	Post Office Box 14035	<input type="checkbox"/> Add
		Fort Lauderdale, Florida 33302	<input checked="" type="checkbox"/> Remove
MGR	CATHERINE MALCOLM	Post Office Box 14035	<input type="checkbox"/> Add
		Fort Lauderdale, Florida 33302	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 2015 MAR 25 AM 9:45

**FILED**

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 March 23, 2015.



\_\_\_\_\_  
Signature of a member or authorized representative of a member

**TREMAYNE L. DAVIS**

\_\_\_\_\_  
Typed or printed name of signer

**FILED**  
2015 MAR 25 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA