

U40016951

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.

((H16000153569 3)))



H160001535693ABC3

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

From: Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

ALLAHASSEE, FLORIDA

2016 JUN 23 PM 4: 28

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
ACCARTECH, LLC

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

16 JUN 23 PM 12: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 24 2016

S. YOUNG

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ACCARTECH 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 OCTOBER 30, 2014 and assigned Florida document number L14000169951

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1750 NW 107th AVE STE M-213

(Principal office address MUST BE A STREET ADDRESS)

DORAL, FL 33172

Enter new mailing address, if applicable:

1750 NW 107th AVE STE M-213

(Mailing address MAY BE A POST OFFICE BOX)

DORAL, FL 33172

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:

SANDRA M. BARBOSA A

New Registered Office Address:

1750 NW 107th AVE SUITE M-213

Enter Florida street address

DORAL

City

Florida 33172

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 27 PM 12:06

If 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MAURICIO MACIAS	22717 SW 105TH AVE	<input type="checkbox"/> Add
		MIAMI, FL 33190	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MAURICIO MACIAS	1750 NW 107th Ave STE M-213	<input checked="" type="checkbox"/> Add
		DORAL, FL 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR,T	MAURICIO MACIAS	1750 NW 107th AVE STE M-213	<input checked="" type="checkbox"/> Add
		DORAL, FL 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
S	SANDRA M. BARBOSA A	1750 NW 107th AVE STE M-213	<input checked="" type="checkbox"/> Add
		DORAL, FL 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED STATE
 SECRETARY OF FLORIDA
 TALLAHASSEE, FLORIDA
 JUN 23 PM 12:06

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

MAURICIO MACIAS 51 % UNITS

SANDRA M. BARBOSA A. 49 % UNITS

Multiple horizontal lines for amending information.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUN 23 PM 12: 07

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated JUNE 22

2016

Handwritten signature of Sandra M. Barbosa A.

Signature of a member or authorized representative of a member

SANDRA M. BARBOSA A

Typed or printed name of signer