

**LS000052818**

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.**

((H15000077562 3)))



H150000775623ABC0

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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

**\*\*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  
ALEJANDRINA ENTERPRISES, LLC**

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

15 MAR 27 AM 10:00

DEPT OF REVENUE  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

FILED  
15 MAR 27 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 30 2015

S. YOUNG

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

ALEJANDRINA ENTERPRISES, 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 MARCH 25, 2015 and assigned  
Florida document number L15000052818

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 "L.L.C."

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)

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

City, Florida 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         | RAMON CANTO | 19867 SW 3RD PL         | <input checked="" type="checkbox"/> Add |
|              |             | Pembroke Pines FL 33029 | <input 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         |
|              |             |                         | <input type="checkbox"/> Add            |
|              |             |                         | <input type="checkbox"/> Remove         |
|              |             |                         | <input type="checkbox"/> Add            |
|              |             |                         | <input type="checkbox"/> Remove         |
|              |             |                         | <input type="checkbox"/> Add            |
|              |             |                         | <input type="checkbox"/> Remove         |

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TALLAHASSEE, FLORIDA

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

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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 27, 2015



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

RAMON GANTO

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

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15 MAR 27 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Mar. 27. 2015 11:20AM

No. 8248 P. 4

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALEJANDRINA ENTERPRISES, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAMON CANTO

Name of Person

Firm/Company

19857 SW 3RD PL,

Address

PAMBROKE PINES, FL 33029

City/State and Zip Code

iraerc018@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FERNANDO R PALENZEULA

Name of Person

305

at

Area Code

302-223-6564

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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)

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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15 MAR 27 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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(A Florida Limited Liability Company)

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

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(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

New Registered Office Address:

Enter Florida street address

City, Florida 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

Mar. 27. 2015 11:20AM

No. 8248 P. 5

If amending the Manager's 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:

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AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u>          | <u>Type of Action</u>                   |
|--------------|-------------|-------------------------|---|
| AMBR         | RAMON CANTO | 19857 SW 3RD PL         | <input checked="" type="checkbox"/> Add |
|              |             | Pembroke Pines FL 33029 | <input 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         |
|              |             |                         | <input type="checkbox"/> Add            |
|              |             |                         | <input type="checkbox"/> Remove         |
|              |             |                         | <input type="checkbox"/> Add            |
|              |             |                         | <input type="checkbox"/> Remove         |

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TALLAHASSEE, FLORIDA

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Mar. 27. 2015 11:20AM

No. 8248 P. 7

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

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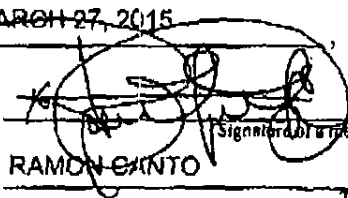
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MARCH 27, 2015



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

RAMON GUINTO

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

Page 3 of 3

Filing Fee: \$25.00

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