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Division of Corporations

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

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OCT 30 2024

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Umlied Liability (A Florida	y Company sa li new appears on our recurs. Limited Lability Company)	<del>)</del>
The Articles of Organization for this Limited Liability Co Florida document number L15000099908	ompany were filed on 66/08/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	2024
The new name must be distinguishable and contain the wurds "Limi	ted Liability Corupany," the designation "LLC"	or the abbreviation 'LL.O'
Enter now principal offices address, if applicable:		23 73
(Principal office address MUST BE A STREET ADDR	ESS)	- 35 P
Y-4		F STAT
Enter now mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
B. If amonding the registered agent and/or registered	office address on our records, enter th	he name of the new registered
agent and/or the new registered office address here:		The state of the s
Name of New Registered Agent:		
New Registered Office Address:	Enter Fiorida stress address	
	. Flor	ida
	City	Zlp 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 Authorized Person(s) authorized to manage, enter the tiffe, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MOR	GIANCARLO CODONI	3370 MARY STREET	C]Add
		MIAMI, FL 33133	≣Remove
			Change
MGR	NICOLA TRAMEZZANI	3370 MARY STREET	□Add
	·	MIAMI, FL 33133	<b>⊟</b> Romove
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ocument's offect	ive date on the Departs	ment of State's records.		•	
record specifies i is filed.	i delayed effective date	s, but not an effective ti	me, at 12:01 a.m. on the	eurlier of: (b) The 90th day a	fter the
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