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COVER LETTER

TO:

Registration Section

Division	of Corp	orations		
	Fast Rea	l Estate LLC		
SUBJECT:	-			
The enclosed Art	icles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all	correspon	dence concerning this matter	to the following:	
		Omar Sanchez		
			Name of Person	_
			Firm/Company	
		1604 Florentino Ln		
		<u> </u>	Address	_
		Winter Park, FL 32792		
			City/State and Zip Code	
		omars1974@hotmail.com		_
For further inform	nation co	ncerning this matter, please ca	to be used for future annual report notification)	
Omar Sanchez			407 496-6888	7
	Name of	Person	Area Code Daytime Telephone Num	SECRETA OCT
Enclosed is a che	ck for the	following amount:		TARY ASSET
■ \$25.00 Filing	g Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed) Certificational copy is enclosed)	Filing Fee, icate of Status & George Status &
	Registra	NG ADDRESS: tion Section of Corporations	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	:
		see, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Go Fast Real Estate LLC	
(Name of the Limited Liability (A Florida)	(Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co.	ompany were filed on 9/4/15 and assigned 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:
Omar Sanchez, LLC	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDR	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address	ered office address on our records, enter the name of the n
	TA.
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address 6000 N
	City Florida Zip Code
New Registered Agent's Signature, if changing Registered	
I hereby accept the appointment as registered agent a	and agree to act in this capacity. I further agree to comply with t

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Address	Type of Action
•			□ Add
			☐ Remove
			Add
		•	□ Remove
			□ Change
		 	□ Add
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		9/4/15			ORIOA	w		
Affective date, if other than to fan effective date is listed, the date Note: If the date inserted in this document's effective date on the	must be specific ar block does not	d cannot be prior meet the applic	able statutory f	or more than 90 da iling requiremen	(optional ays after filing ats, this date	g.) Pursua	ant to 605. of be liste	.020° ed as
e record specifies a delay The 90th day after the r	yed effective ecord is filed	date, but no	ot an effectiv	e time, at 12	2:01 a.m.	. on th	e earlie	er c
October 19th		2015						
	1 1			tive of a member				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00