JAN 3 1 2018



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.

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Tc:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FASTKIT CORP Account Number : I20100C00009 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 small address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGNATION FRATOLA, LLC

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| \$25.00 |
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Electronic Filing Menu

Corporate Filing Menu

Heip

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FRATOLA,LLC | V | |
|--|---|-----------------------|
| (Name of the Limited | Linbility Company as it now appears on our records.) Florida Limited Liability Company) | |
| The Articles of Organization for this Limited Liab | oility Company were filed on | and assigned |
| lorida document number L15000155136 | | |
| his amendment is submitted to amend the follow | ring: | |
| . If amending name, <u>enter the new name of t</u> | ne limited liability company here: | |
| he new name must be distinguishable and contain the word | ds "Limited Liability Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicab | le: | |
| Principal office address MUST BE A STREET. | ADDRESS) | |
| | | |
| | | |
| nter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BO | <u></u> | 7.0 20 |
| | *************************************** | ric , |
| 3. If amending the registered agent and/or | registered office address on our records, enter | r the name of the |
| egistered agent and/or the new registered offic | e address here: | 355 |
| | | Ma D |
| Name of New Registered Agent: | | - 7 |
| New Registered Office Address: | | <u> </u> |
| | Enter Florida street address | ©. € |
| | . Plorida | |
| • | City , Florida _ | Zio Code |

New Registered Agent's Signature, it coanging 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 title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR ≈ Authorized Member

| Title | Name | Address | Type of Action |
|-------|------------------------|-----------------------|----------------|
| MGR | FERREIROS, ANGELICA L. | 2110 KEYSTONE BLVD. | □ Add |
| ., | | NORTH MIAMI, FL 33181 | ■ Remove |
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| amending an | y other informati | on, enter ch | ange(s) here | : (Attach | additiona | l sheets, if | necess | ary.) | | |
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| effective date is l | other than the da isled, the date must be | specific and car | unnot be prior to | date of filing | g or more th | (0) an 90 days e | ptional fler filing | 2)]} arana)]> '}; | n: 10-6 05.0 |)20 |
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| | Sign | | nber of authoriz | | ative of a <u>r</u> | lember | | | | |
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