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Florida Department of State

Division of Corporations
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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: _____

REC'D 11/30/2015 BY 11:59 PM
FLORIDA DIVISION OF CORPORATIONS
15 NOV 30 PM 4:47
15 NOV 30 PM 8:36

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ABANA AMERICA MANAGEMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT 2015 NOV 30 AM 8:36
TO SECRETARY OF STATE
ARTICLES OF ORGANIZATION TALLAHASSEE, FLORIDA
OF

ABANA AMERICA MANAGEMENT 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 10/15/2015 and assigned Florida document number L15000175966.

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

Enter new principal offices address, if applicable: Same

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A

(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: N/A

New Registered Office Address: N/A

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	GUIMEL MARTINEZ	2981 NW 21ST TERRACE Miami, FL 33142	<input checked="" 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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			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: N/A (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 NOVEMBER 26, 2015.

Signature of a member or authorized representative of a member

BERENICE MARTINEZ

Typed or printed name of signee

2015 NOV 30 AM 8:36

SEAL LAWYERS STATE
TALLAHASSEE, FLORIDA

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