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To:	Division of Corporations	
	Fax Number : (850)617-6383	
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From: 1		•
	Account Name : FASTKIT CORP	•••
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DYAD ASSETS LLC

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ÜHVI KARA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2920

Or		三
Dyad Assets, LLC		ີຜ
(Name of the Limited Listility Company as (A Florida Limited Libili	It now appears on our records,)	P -
		.د . در
The Articles of Organization for this Limited Liability Company were	: filed on 11/25/2015	and assign
Florida document number L15000198746		<u>تا الماري</u>
This amendment is submitted to amend the following:		
4. If amending name, enter the new name of the limited liability of	company here:	
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," 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		
 If amending the registered agent and/or registered office addre gent and/or the new registered office address here: 	ss on our records, <u>enter the na</u>	me of the new re
Name of New Registered Agent:		
Now Provintered Office Address		
New Registered Office Address:	Enter Florida street address	
	an inter a vor inne pri CLI (MAIN 200	
	, Florida	
C	liŋı	Zic Code

New Registered Agent's Signature, if changing Registered Agent:

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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t 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 heing filed to merely reflect a change in the registered affice 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

Page 1 of 3

If amending <u>or removed (</u>	Authorized Person(s) authorized to m	anage, enter the title, name, and addre	es of each person being at
MGR = Ma		·	
Title	Name	Address	Type of Action
AMBR, MGR	Jorge Cherrez	1221 Brickeil Avenue	
		Suite 900	□ ∧dd
		Miami, FL 33131	OChange
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			🖸 Romove
			🛛 Change
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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: _

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b, Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated จน์ Signature of a member or authorized turn tive of a member Moma. Typed or printed name