ccoc zrz -vipoladicitis tps://efile.sunbiz.org/scripts/efilcovr.exe

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H16000077337 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

: (850)617-6383

From:

Account Name : FASTKIT CORP

Account Number: I20100000009

: (305)599-0839

Fax Number

: (305)592-9591

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address plaase

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GLOBAL MEX ENTERPRISE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

J SHIVERS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ENTERPRISE LL				
(Name of the Lim	(A Florida Limited	any at it new sopears on our Liability Company)	records.)		
The Articles of Organization for this Limited I Plorida document number L16000028274	Liability Company	were filed on 02/10/2016	5	and see	igned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	dity company here:			
The new name must be distinguishable and contain the	Words "Limited Liabi	lity Companý," the designatio	n "LLC" or the al	breviation "L.	L.C."
Enter new principal offices address, if appli	840 E 12TH PL		w=4 '		
(Principal office address MUST BE A STRE		HIALEAH, FL 33010		<u> </u>	
	•			SAN	1 to
Enter new mailing address, if applicable:		840 E 12TH PL		28 33 33	C. Letopher
(Mailing address MAY BE A POST OFFICE	HIALEAH, FL 33010		T C	- season	
				, so =	*******
				<u> </u>	or parce of
B. If amending the registered agent and registered agent and	Vor registered of	ffice address on our re	ecords, enter	the name	of the nev
CESSEEL CO APERIC MILEON CARE HEN LEGISLES C					
Name of New Registered Agent:	RAQUEL ARE	NCIBIA DIAZ	<u> </u>	·-········	
New Registered Office Address:	840 E ; 2TH PL				
· · · · · · · · · · · · · · · · · · ·		. Enter Florida street	address		
•	HIALEAH	·	, Florida 33	010	
	· — 	City		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 60S, 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 <u>Title</u> Name Address Type of Action AMBR EDY R. APLICANO 5224 W 24TH WAY D Add HIALEAH, FL 33016 Remove ☐ Change AMBR RAQUEL ARENCIBIA DIAZ 840 E 12TH PL . ■ Add HIALEAH, FL 33016 □ Romove ☐ Change □ Add □ Remove Change D Add □ Remova □ Change □ Ramove ☐ Change DDA 🗆 □ Removo ☐ Change

		,				
			<u> </u>			
			<u> </u>			
					> v	
					—— <u>F</u>	5
					<u> </u>	AR 2
					SSEE.	(C)
					17 CO	
					<u>2</u> 2	<u>ੂੰ</u> ਛ
					D/A	
	<u>=</u>		· · · · · · · · · · · · · · · · · · ·			
fective date, if other than the effective date is lined, the date mate: If the date insorted in this cument's effective date on the	Department of S ad effective of	Stato's records. date, but not				
The 90th day after the re	cord is filed.					
ted March 26		, 2016	7.			
	100 0	. 1 1	1	メロノイ		

Page 3 of 3

Filing Fee: \$25.00