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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : FASTKIT CORP Account Number : I20100000009 : (305)599-0839

Phone 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:					
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHOOSE HABITAT LLC

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

in HARRIS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHOOSE HABITAT LLC			
(Name of the Limited Liability Company as it now appear (A Pionea Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company were filed on	March 17, 2016	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company he	ere:		
The new name must be distinguishable and contain the words "Limited Liability Company," the d	esignation "LC" or the	······	
Enter new principal offices address, if applicable:		16 I	
(Principal office address MUST BE A STREET ADDRESS)		28 B	
		35	
	-		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		93	
	,		
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	our records, enter	the name of the ne	
	da street address		
·	, Florida		
City		Zip Code	
and the second s			

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 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	Jose Luis Di Fiori	8741 NW 102nd Street	
		Medicy, FL 33178	□ Ramove
			□ Change
AMBR	Tae Group Services Inc	8741 NW 102nd Street	
		Medley, FL 33178	■ Remove
			□ Change
			Remove
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			☐ Remove
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			A LATER TO THE PARTY OF THE PAR	TACE
	Signati	ure of a member or nutherized rep	respinative of a member	
		'		
		Jose Luis Di Fio		
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		Jose Luis Di Fio		<u> </u>