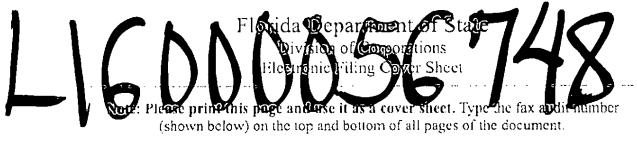
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Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORP Account Number : 120100000009 : (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:	_	_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ETDEVICES LLC

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M. SOLOMON

OCT. 2.3. 2024

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ETDEVICES LLC		
(Name of the Limited Lie (A F)	ability Company as it now appears on our re- orida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liabilities Florida document number L16000056748	ty Company were filed on 03/21/2016	and assigned
This amendment is submitted to amend the following	g .	
A. If amending name, enter the new name of the	limited liability company here:	
N/A		
The new name must be distinguishable and contain the words	'Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	N/A	
(Principal office address MUST BE A STREET AL		2024
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	N/A	001 22 PH 4: 36
B. If amending the registered agent and/or regist agent and/or the new registered office address he		ner the name of the new registere
Name of New Registered Agent:	/A	
New Registered Office Address:	Enter Florida street aa	idress
_		, Florida
	City	∠p ∪oae

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 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	<u>Name</u>	Address	Type of Action
MGR	JUAN ALDANA	15450 NW 88TH CT MIAMI LAKES FL. 33018	🗆 Add
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record specifies a	delayed effective date	, but not a	n effective t	ime, at 12:0	1 a.m. on th	ne carlier of:	(b) The 90	th day afte	r the
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