

9/9/21, 2:05 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H210003355013ABCU

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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*2nd Request*

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

Email Address: _____

2021 SEP 13 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA2021 SEP 13 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HIGHCOMM, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

*BB
9/14/21*

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HIGHCOMM, 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 03/23/2016 and assigned
Florida document number L16000058528.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

New Registered Office Address:

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	AVRAHAM, EREZ DAVID	750 S PARK ROAD	<input type="checkbox"/> Add
		#813	<input checked="" type="checkbox"/> Remove
		HOLLYWOOD, FL 33021	<input type="checkbox"/> Change
MGR	AVRAHAM, DORON	750 S PARK ROAD	<input checked="" type="checkbox"/> Add
		#813	<input type="checkbox"/> Remove
		HOLLYWOOD, FL 33021	<input type="checkbox"/> Change
MGR	ZIV GOLDFARB	750 S PARK ROAD	<input checked="" type="checkbox"/> Add
		HOLLYWOOD, FL 33021	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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SEDAVIA FLORIDA
ALLAHADSE

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be 15 days or more before 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 SEPTEMBER 7, 2021

x

Signature of a member or authorized representative of a member:

DORON AVRAHAM

Typed or printed name of signee

Filing Fee: \$25.00

FAX COVER SHEET

TO

COMPANY

FAX NUMBER 18506176383

FROM James Tanks III

DATE 2021-09-13 13:41:55 CST

RE Order# 13866696 SO SPUS9 Centerstate Logistics Park
East Land GP, LLC- Line# 1

COVER MESSAGE

This email is meant for internal discussion only and should not be forwarded/and or copied directly to a client.

James H Tanks III
Senior Fulfillment Associate
CT Corporation

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GlobalFulfillmentTeam@wolterskluwer.com
james.tanks@wolterskluwer.com

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www.wolterskluwer.com

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