Torida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (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 GASLEO, LLC

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J. LUNT

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEVISION OF CORPORATION 17

		EO, LLC		<u>5</u>	217.08. 2171.5
(Name of the Lin	nited Linbility Como (A Florida Limited	any as it now appears (Liability Company)	in our records.)		ار س
The Articles of Organization for this Limited Florida document number L16000082987	Liability Compan	y were filed on AP	RJL 27, 2016	_ and assigned	
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited lial	bility company here	::		
N/A					
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the desi	gnation "LLC" or the abbre	viation "L.L.C."	_
Enter new principal offices address, if apple	icable:	N/A			
(Principal office address MUST BE A STREET ADDRESS)		N/A			_
		N/A			_
Enter new malling address, if applicable;		N/A			_
(Mailing address MAY BE A POST OFFICE	E BOX)	N/A			_
		N/A			
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office ess here:	address on our reco	ords, <u>enter the name o</u>	f the new registe	<u>red</u>
Name of New Registered Agent:	N/A				-
New Registered Office Address:	N/A				
		Enter Florida	street address		•
	N/A		, Florida	·	
		City		Z!p 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>	Address	Type of Action
MGR	LEONE, FRANCISCO M.	1545? SW 47 TERR	
		MIAMI, FL 33185	_
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fifective date is listed, the date mus	t be specific and cannot be prior t	to date of filing or more than	(optional) 90 days after filing.) Pursuant	t to 605.020
: If the date inserted in this bloment's effective date on the Da	ork does not meet the annlica	ible statutory filing requir	ements, this date will not	be listed a
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ord specifies a delayed effective	date, but not an effective tir	nc. at 12:01 ary on the e	arlier of: (b) The 90th do	waffer th
filed.		ine, or the c	arrier of: (ir) The roth da	y and the
OCTODED AS	2021			
OCTOBER 05	. 2021	·		
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Typed or printed name of signee