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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

**Enter the email address for this business antity to be used for fi annual report mailings. Enter only one that address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NOK INVESTMENTS LLC

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Electronic Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SECRETARY OF STATE

	NOK INVESTME	•		ORIDA		
(Name of the Lin	(A Florida Limited	any as it naw appears Liability Company)	on our records.)			
The Articles of Organization for this Limited 1 Florida document number		were filed on	05/24/2016	and assigned		
This amendment is submitted to amend the fo	llowing:	eis:				
A. If amending name, <u>enter the new name</u>	of the limited liab	ility company hei	<u>re</u> :			
The new name must be distinguishable and contain the	words "Limited Linbi	lity Company," the de	signation "LLC" or the a	bbreviation "L.L.C."		
Enter new principal offices address, if applicable:		600 EAST BROWARD BOULEVARD				
Principal office address MUST BE A STRE	ET ADDRESS)	SUITE 1710				
		FORT NAUDERO	ALE, FLORIDA 33394	1		
Enter new mailing address, if applicable:		500 EAST BROV	VARD BOULEVARD			
(Mailing address MAY BE A POST OFFICE BOX)		SUITE 1710				
		FORT LAUDERO	DALE, FLORIDA 33394	1		
B. If amending the registered agent and registered agent and/or the new registered of	office address her		our records, enter	the name of the		
Name of New Registered Agent:	þý	······································				
New Registered Office Address:	þý	·				
-	i init	Frier Flori	da street address			
	þÿ	\$ \text{41}	, Florida 🖰			
		City :::		Zip Çod€		

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, 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 Type of Action Address Title Name JERMAINE MOMENT 8211 NW 44TH COURT MGR D6A □ LAUDERHILL, FLORIA 33351 🖾 Remove $\mathcal{A}_{j}^{m_{k}}$ 4. ☐ Change _□ Add Remove ☐ Change □ Add □ Remove ☐ Change □ Add Remove ☐ Change □ Add ☐ Remove Change

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