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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORP Account Number : 120100000009 Phone : (305)599-0839 Fax Number : (305)592-9591

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FSA ARLEN, LLC

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**LEB 01 SOSS** T. LEMIEUX

## ARTICLES OF AMENDMENT .TO ARTICLES OF ORGANIZATION OF

	FS.	A ARlen	1, LLC			
	(Name of the Limited (A	Liability Company as Florida Limited Liabili	it now appears of ty Company)	n our records.)		
The Articles of Organiz	zation for this Limited Liab	oility Company were	: filed on	1/22/2016	and assig	ned
This amendment is sub	mitted to amend the follow	ing:				
A. If amending name	, enter the new name of th	he limited Bability	company here	:		
The new name must be disti	inguishable and contain the word	ds "Limited Liability C:	ompany," the desig	gnation "LLC" or the a	ibbreviation "L.L.	C.**
Enter new principal o	ffices address, if applicab	ole:	<u> </u>			
(Principal office addre	SS MUST BE A STREET	ADDRESS)				
Enter new mailing ad	dress, if applicable: V BE A POST OFFICE BO	<u></u>			22	
B. If amending the reagent and/or the new	gistered agent and/or reg registered office address	here:			. <u>ω</u>	i <del>-</del>
	V Registered Agent:	Ks 500 Sunny Is	eniya Bayvi	YURYEV ew Drive	A = 3487	32
		Sunny Is	Enily Florida	streel address A, Florida	33/60 Zin Code	
			City		up wine	

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
MGRM	ARtem Iurev	500 Bay New Dlive St	732 
		SURNY Isles Bch, FZ 331	Remove
			() Change
			DAdd
			□Remove
•			OChange
			DAdd
			□Remove
			Change
			□Add
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			□Remove
			Change

. If amo	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
ord is E	
Dated	Signaplify of a member or authorized representative of a member
	Signaplify of a member or authorized representative of a member
	KSENIYA YURYEVA
	Typed or printed name of signee