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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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

Email Address: \_\_\_\_\_

2017 AUG 25 PM 3:25

SECRET  
TALLAHASSEE FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TRANSACTION**

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O. SIMMONS  
AUG 8 2017

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17 AUG 25 AM 9:41

DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Transact fast LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Michael Shvartsman**

Name of Person

**Transact Fast LLC**

Firm/Company

**11451 NW 36th Ave**

Address

**Miami, Florida 33167**

City/State and Zip Code

**ms@saltpayments.com**

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

**Michael Shvartsman**

Name of Person

at **786 350-9353**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Transact Fast 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 sept 27, 2016 and assigned  
Florida document number L16000180546

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 end with 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:

Michael Shvartsman

New Registered Office Address:

11451 NW 36th Ave

Enter Florida street address

Miami

Florida 33167

City

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

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DESIGN OF AMENDMENT

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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          | Gerald Shvartsman  | 11451 NW 36th Ave, Miami FL 33167 | <input type="checkbox"/> Add               |
|              |                    |                                   | <input checked="" type="checkbox"/> Remove |
| MGR          | Michael Shvartsman | 11451 NW 36th Ave, Miami FL 33167 | <input checked="" type="checkbox"/> Add    |
|              |                    |                                   | <input type="checkbox"/> Remove            |
|              |                    |                                   | <input type="checkbox"/> Add               |
|              |                    |                                   | <input type="checkbox"/> Remove            |
|              |                    |                                   | <input type="checkbox"/> Add               |
|              |                    |                                   | <input type="checkbox"/> Remove            |
|              |                    |                                   | <input type="checkbox"/> Add               |
|              |                    |                                   | <input type="checkbox"/> Remove            |
|              |                    |                                   | <input type="checkbox"/> Add               |
|              |                    |                                   | <input type="checkbox"/> Remove            |

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

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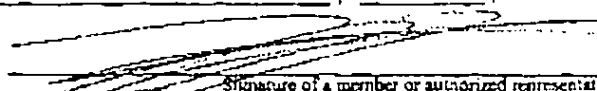
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F. Effective date, if other than the date of filing: Oct/1/2016 (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State.)

Dated 08/24/2017

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Michael Shvartsman  
\_\_\_\_\_  
Typed or printed name of signer

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Filing Fee: \$25.00

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