

# C1600189441

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
R.A. WIT, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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Electronic Filing Menu

Corporate Filing Menu

Help

MAR 27 2018  
J. HARRIS

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

R.A. WIT, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(All Florida Limited Liability Companies)

The Articles of Organization for this Limited Liability Company were filed on 10/13/2016 and assigned  
Florida document number L1600018941

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 office 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 attending 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>                   |
|--------------|----------------|---------------------------|-----------------------------------------|
| AMBR         | AURORA VALEMAN | 7585 SW 104TH ST UNIT 200 | <input checked="" type="checkbox"/> Add |
|              |                | MIAMI FL 33156            | <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         |
|              |                |                           | <input type="checkbox"/> Add            |
|              |                |                           | <input type="checkbox"/> Remove         |
|              |                |                           | <input type="checkbox"/> Change         |
|              |                |                           | <input type="checkbox"/> Add            |
|              |                |                           | <input type="checkbox"/> Remove         |
|              |                |                           | <input type="checkbox"/> Change         |

26th MAR 26 AM 10:26  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 405 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 MARCH 23

2018

Signature of a member or authorized representative of a member

RAFAEL GIL

Typed or printed name of signer

FILED  
2018 MAR 28 AM 10:29  
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TALLAHASSEE FLORIDA