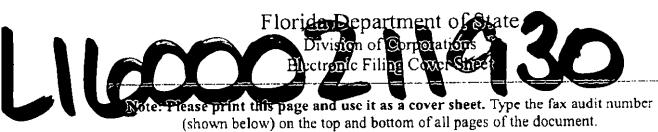
Division of Corporations



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To:

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

\*\*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 SUPERMERCADO FIESTA LLC

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Estimated Charge	\$25.00

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	RCADO FIESTA LLC	
(Name of the Limited Liability C (A Florida Lim	ompany as it now appears on our record nited Liability Company)	ds.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L16000211930</u>	pany were filed on 11/18/2016	and assigned
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	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>-</u>
Principal office address MUST BE A STREET ADDRESS	S)	
		202
		00
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	ुन्द के 📑
Matting unaress MAT BE A POST OFFICE BUAT		िन 😫 📆
	<del></del>	<u> </u>
B. If amending the registered agent and/or registered off	Gee address on our records, enter	1-1-1-N
egent and/or the new registered office address here:	tice address on our records, <u>enter</u>	the name of the less register
· · · · · · · · · · · · · · · · · · ·		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	rs
	, Flo	orida
· · · · · · · · · · · · · · · · · · ·	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

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	JOSE ALVAREZ	316 W PALM DR	
		SUITE 185	□Remove
		HOMESTED FL 33034	□Change
			□Add
			Remove
			Change
			□Add
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ve date, if other than the	date of filing:	(option	(al)
ctive date in listed, the date mu If the date inserted in this b	est be specific and cannot be prior to date of filitions, does not meet the applicable staints:	ing or more than 90 days after fi	ling.) Pursuant to 605.0
nt's effective date on the D	Department of State's records.		
specifies a delayed effective	ve date, but not an effective time, at 12:0	1 s.m. on the sarlier of: (b)	The 90th day efter
zi.	,	, (c)	100,100,000
October 7	2020	•	
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Tony	1 Hundanto netuni,	110	
	Signature of a member or authorized representation of a member of a member of a standillo  Typed or printed name of a	entative of a member	
Torge. H	- for for My forgo H. Astudillo		