Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000277335 3)))



H170002773353ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : FASTKIT CORP Account Number : 120100000009 Fhone : (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 FLOCON CARS LLC

| 0 |
|---------|
| 0 |
| 03 |
| \$25.00 |
| |

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 2 3 2017

Y SULKER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FLOCON CARS LLC | .2 | |
|--|--|---------------------|
| (Namo of the Llusted Liable) (A Florid | lity Company as it now appears on our records.) da Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Florida document number L17000024762 | Company were filed on JANUARY 31, 2017 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | |
| The new name must be distinguishable and contain the words "Li | mited Linbility Company," the designation "LLC" or the al | breviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADD | RESS) | |
| Enter new mailing address, if applicable: (Mulling address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office ad- | istered office address on our records, <u>enter</u> dress here: | the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | Florida | 9 |
| | 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 Now Registered Agent

If amending Authorized Person(s) authorized to manage, enter the fitte, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--|------------------------|---------------------------------------|----------------|
| MGR | DEVIN JEFFREY LILADRIE | 3001 NE 185TH AVE | , |
| , | | AVENTURA FL 33180 | Remove |
| | | | D.Change |
| | | | D Vqq |
| | | · · · · · · · · · · · · · · · · · · · | Remove |
| | | | Change |
| | | | Add |
| | | <u> </u> | D Remove |
| | | A)(. | LJ AGG |
| | | | Remove |
| | | · · · · · · · · · · · · · · · · · · · | Change |
| | | | □ Ýqq |
| | | | C Remove |
| | | | ☐ Change |
| | | | |
| | | | C Remove |
| | | | ☐ Change |

| | | | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · | |
|---|-------------------|--------------------|--|---------------------|---------------------------------------|--|
| | | | | | | |
| | | | | <u> </u> | | |
| | | | | | | <u></u> |
| | | | | | | |
| | | | | | | |
| | | | ······································ | | | |
| | | | · · · · · · · · · · · · · · · · · · · | ~ | | |
| | | | | , . | | |
| · <u></u> | | | | : : | | , |
| | | | | <u>-</u> | · · · · · · · · · · · · · · · · · · · | |
| | ··· | | | | | <u> </u> |
| | | | | • | 1. | <u>(2)</u> |
| | | | | | <u>-</u> . | <u> </u> |
| · | | | | | 3 | <u> </u> |
| | | | | | <u> </u> | 9 |
| | ×. | OCTOBER | | • | • | - |
| fective date, if other than n effective date is listed, the d | n the date of fl | lling: | to date of filing or mo | re than 90 days aff | tional) er filing.) Pus | nuant to 605.0 |
| in enective date is used, the control in control in comment's effective date on | this block does t | of meet me abbuc | anic grammory nmig | requirements, t | nis date will | not be listed |
| | tic Department | Of Other A record. | | | | |
| record specifies a de | layed effective | ve date, but no | t an effective ti | me, at 12:01 | a.m. on t | he earlier |
| The 90th day after th | e record is file | eu. | • | | | |
| ted OCTOBER 20 | | 2017 | <u></u> | | | |
| , | - Jn | er Vess | | | | |
| | | イベー ト (らじさ) | | | | |