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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORP Account Number: I20100000009 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 MYVO TRANSPORT LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MY VO TRA	NS POT LLC		•
(Name of the Lim	ted Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)	<del></del>
The Articles of Organization for this Limited I Florida document number <u>L170000</u>	Liability Company were filed on _	4/24/17	and assigned
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name	of the limited liability company l	<u>uere</u> :	
NIA			
he new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abl	reviation "L.L.C."
Enter new principal offices address, if appli	cable:		====================================
Principal office address MUST BE A STRE	ET ADDRESSI		- APR 26
inter new mailing address, if applicable:	•		
Mailing address MAY BE A POST OFFICE	<u></u>		
	100		
B. If amending the registered agent and registered agent and/or the new registered of	I/or registered office address of office address here:  TRUC PHAN  1151 NE 86.  Enter Fl	•	the name of the n
Name of New Registered Agent:	UFI NE OL	C+	
New Registered Office Address:	// 3 / 10 % 86 . Enter Fl	57 Jorida street address	
	Miami	The wide	33138
	City	RDITION	Zip Code
New Dogistered Agentle Signature if changing	Pagistared Agent		3:

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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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
MGR	MARIA D NUARZ	11SI NE 86 57	Add
		11SI NE 86 ST Wiami, Fl 33138	Remove
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ective date, if other than the date of effective date is listed, the dare must be specie: If the date inserted in this block does ument's effective date on the Department	not meet the applicable st	atutory filing roquir	ements, this date v	Pursuant to 605.00 will not be listed
record specifies a delayed effect ne 90th day after the record is f		effective time, a	t 12:01 a.m.: (	on the earlier
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