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.

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Doing so will generate another cover sheet.

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 MIA EXCLUSIVE SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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Corporate Filing Menu

T GLASS Help SEP 10 2019

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIA EXCLUSIVE SERVICES 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 05/16/2017  Florida document number L17000108691	and assigned
This aroundment 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 abbr	viation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	201
	<b>5</b>
Enter new malling address, if applicable:	- 35
(Mailing address MAY BE A POST OFFICE BOX)	6 7.2
	<u> </u>
	· ω
B. If amending the registered agent and/or registered office address on our records, enter th	e name of the nev
registered agent and/or the new registered office address here:	7
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Ztp Code

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 MGR	<u>Name</u> Alejandro Maximo Laurentes	Address 10421NW 28th Street	Type of Action		
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Page 3 of 3

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