

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : FASTKIT CORP
Account Number : R20100000009
Phone : (305) 599-0939
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
GRUPO MERALVA LLC

Certificate of Status	0
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Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

OCT 27 2017

2017 OCT 26 PM 4:46

2017 OCT 26 AM 9:25

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GRUPO MERALVA LLC

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

2017 OCT 26 AM 9:25
CLERK OF COURT
HALL COUNTY, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/06/2017 and assigned
Florida document number L17000124085

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 offices address, if applicable: 8629 NW 54TH ST DORAL FL 33166

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 8629 NW 54TH ST DORAL FL 33166

(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

Florida

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>	<u>Address</u>	<u>Type of Action</u>
MGR	CARLOS A BUCHELY	8629 NW 54TH STREET	<input checked="" type="checkbox"/> Add
		DORAL FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

1011 OCT 26 AM 9:25
LEL

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

ALBERTO MERA 95% UNITS

CARLOS A BUCHELY 5% UNITS

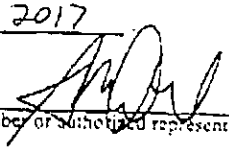
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E. Effective date, if other than the date of filing: 10/26/2017 (optional)

(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 605.0202 (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 10/26 2017



Signature of a member or authorized representative of a member

ALBERTO MERA

Typed or printed name of signer