Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name Account Number : 120100000009

: FASTKIT CORP

Phone Fax Number (305) 599-08%

**Enter the email address for this business chitty to be used for furnice . annual report mailings. Enter only one email address please. Email Address:

LLC AMND/RESTATE/CORRECT PR M/MG RESIGN FRAMA POLI LLC

Certificate of Status 0 Certified Copy 03 Page Count 525.00 Estimated Charge

Electronic Filing Menu

Corporate Filing Ments

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4/20/2018

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRAMA POLILLC		
(Name of the Limited Liability Compa (A Florida Limited	my as it new annears on our records.) Listility Company)	
The Articles of Organization for this Limited Liability Company	were filed on APRIL 4th 2018	and assigned
Florida document number 118000093618		
This amendment is submitted to amend the following:	,	
A. If amending name, enter the new name of the limited liab	ility company here:	
	MALE TO THE REAL PROPERTY OF THE PARTY OF TH	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	<u> </u>	218
Princival office address MUST BE A STREET ADDRESS		
		22. PA
	1	ASS 20
Enter new mailing address, if applicable:	N. N. A.	
Mailing address MAY BE A POST OFFICE BOX)		FS HO
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 If amending the registered agent and/or registered or registered agent and/or the new registered office address her 	filce address on öur records, g	enter the name of the ne
CHISTERED RECEIPT BIRDOT INC NEW TESTINES OF OTHER SECURCION INCL.	<u>.</u> .	
Name of New Registered Agent:		
New Registered Office Address:	Enier Florida street address	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act is 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 marely 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

Zip 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:

Title	Namo	Address	Type of Action
MGR	SALVATORE SCIASCIA	3705 SHARESPLACE	
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