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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORP Account Number : I20100000009 : (305)599-0839 Phone 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 SOLACHE LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOLACHE LLC		
(Name of the Limited Liability Company as it now approach (A Florida Limited Liability Company	Art on our records.)	
The Articles of Organization for this Limited Liability Company were filed on C. Florida document number L18000103105	03/12/2018 and assig	med
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	<u>herc</u> :	
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.	a"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		<del></del>
ESTABLES MAY DO A TOD! OFFICE BOX	——————————————————————————————————————	
B. If amending the registered agent and/or registered office address on our		egistéréd
agent and/or the new registered office address here:		
Name of New Registered Agent		,
New Registered Office Address:	VO Pulling of	<u> </u>
Enter Flo	rida 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>	Address	Type of Action
AMBR	RAFAEL SOLACHE	6870 NW 169TH STREET	
		HIALEAH FL 33015	≡Rcmove
			Change
			DAdd
			DRemove
			□Change
			□Abd
			□ Remove
			Change
			□Remove
			DCbange
<del></del> -			□Add
			□Rcmove
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			□Remove
			Change

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fective date, if other than to n effective date is listed, the date n lee: If the date inserted in this current's effective date on the	he date of filing:  met be specific and cannot block does not meet to Department of State's	n be prior to d he applicable records.	ate of filing or me statutory filing	(option of the control of the contro	nal) filing.) Pursuant to 605.03 date will not be listed
ecord specifies a delayed effect is filed.	ive date, but not an ef	fective time,	at 12:01 a.m. o	n the carber of: (b)	The 90th day after the
ed TULY 1	202	<u>.</u> .			
		مبيد	_		
	يسه	1/2			
	Signature of a membe	r or authorize	representative o	a member	