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COVER LETTER

· Div	ision of Corp	porations		
SUBJECT:	FAST WOL			
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	l Articles of <i>i</i>	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspoi	ndence concerning this matter	to the following:	
		RAFFAEL RAMOS		
			Name of Person	
		ECLIPSE 21 LLC		
			Firm/Company	
		401 E LAS OLAS BLVD	SUITE 130191	
			Address	
		FORT LAUDERDALE FL	. 33301	
			City/State and Zip Code	
		ADM@ECLIPSE21LLC.C	OM to be used for future annual report noti	Gestion)
For further in	iformation co	oncerning this matter, please ca		
ARANTES	DE O. JUNIO	OR. JAQUES	786 2545769	
	Name of	Person		e Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		NG ADDRESS:	STREET/COURI	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAST WOLVES LLC		
(Name of the Limited Liability Compa (A Florida Limited I	i <mark>ny as it now appears on our record</mark> Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L18000145279	were filed on <u>06/12/2018</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	- 6
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	" or the abbrevation "L1.C."
Enter new principal offices address, if applicable:		m & Reg
(Principal office address MUST BE A STREET ADDRESS)		10: 12 10: 12
		5 5 N
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
-		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		s, enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addres.	S
	. Fle	orida
	City	orida
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	• • •	

If Changing Registered Agent, Signature of New Registered Agent

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 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	RAMOS DEL BEL, JOHN WAYNE	341 E. SHERIDAN ST #208	
		DANIA BEACH FL 33004	□ Remove
			☐ Change
AMBR	ARANTES DE O. JUNIOR, JAQUES	RUA QUATRO DE SETEMBRO	
		133 GUARULHOS-SP BRAZIL	□ Remove
		07114-150	■ Change
			Remove Remove Remove Remove Remove AUG PL Add Add
			PAdd Add
			☐ Change
			Remove
			Change
			Add
			☐ Remove
			□ Change

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fective date, if other than the in effective date is listed, the date in:	e date of filing: st be specific and cannot be pr	ior to date of filing or more tha	(optional) in 90 days after tiling.) Pursuant to 605.0:
ote: If the date inserted in this becoment's effective date on the I	lock does not meet the app	licable statutory filing requ	irements, this date will not be listed
	•		
record specifies a delaye The 90th day after the rec		not an effective time,	at 12:01 a.m. on the earlier
ned <u>July 18</u>	. 2018	 ·	
	_	0	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00