Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Comporations

Fax Number : (850) 617-6383

From:

Account Name : FASTKIT CORP

Account Number : I20100000009

Phone -

: (305)599-0339

Fax Number

: (305)592-9591

Enter the email address for this business entity to be used for fu annual report mailings. Enter only one email address please.

Email Address:

Estimated Charge

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Certificate of Status Certified Copy 0 Page Count 03

CLASSIQUE COSETTE LLC

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•	City	·, Florida	Zip Code
• •	enter (tor		
New Registered Office Address:	Futor Klas	ida street address	
Name of New Registered Agent	AMAN	DA Y. GONZALEZ	
egistered agent and/or the new registered offic	e address here:		<u>.</u> ₽
3. If amending the registered agent and/or		our records, enter	
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			TOP A
Enter new mailing address, if applicable: <i>Mailing address MAY BE A POST OFFICE BO</i>	_ 		<u> </u>
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Principal office address MUST BE A STREET	ADDRESS)		
Enter new principal offices address, if applicab	le:		
he new name must be distinguishable and contain the wor	ds "Limited Liability Company," the d	esignation "LLC" or the al	obrevistion "L.L.C."
4. If amending name, enter the new name of the	he limited liability company he	ere:	
This amendment is submitted to amend the follow	_		
refred cocument number	 .		
Forida document number	mily company were med on		and assigned
The Articles of Organization for this Limited Liab	rility Company were filed on	JULY 5, 2018	and assigned
(Name of the Limner	Liability Company as it now appear Florida Linuted Liability Company)	r on our records,)	
	CLASSIQUE COSETTE LE		

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 anoending 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	Name	Address	Type of Action
MGR	LORINDA GONZALEZ	2103 CORAL WAY	
		MIAMI, FL 33145	
			■ Remove
		,	Cbange
MGR	AMANDA GONZALEZ	2103 CORAL WAY SUITE 200	
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		AMANDA	Y. GONZALEZ				

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