10/4/2019



Division of Corporations Electronic Filing Cover Sheet

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(((H19000296363 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORP

Account Number : I20100000009

Phone : (305)599-0839

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:_

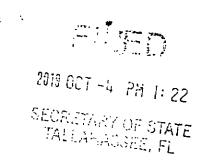
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **IDESIGN MARKETING LLC**

Certificate of Status	0
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Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

N CULLIGAN



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IDESIGN MARKETING LI	.c			
(Name of the United	Liability Compa	int #3 it how appears Liability Company)	On Bur records.)	
The Articles of Organization for this Limited Lie Florida document number L18000238610				
This amendment is submitted to amend the follo	M. juria.			
A. If amending name, gater the new name of	the limited Jinb	olisy company here	:	
The new name must be distinguishable and end will "L.L.C."	the words "Limi	ited Liability Company	y," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		9813 NW 3R0	ост	
		PLANTATION FL 33324		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		9813 NW 3RI	ост	
		PLANTATION FL 33324		
	·			
B. If amending the registered agent and/or registered agent and/or the new registered of			er records, enter the name of the new	
Name of New Registered Agent:	JOSE A RIVERA			
New Registered Office Address:	9813 NW 3RU C1			
	Enter Florida street address			
	PLANTAT		Florida 33324	
		Chy	Zip Code	
New Registeresi Agene's Signature, if changing R	celutered Agent:	i,		

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. On If this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the distilling company has been notified in writing of this change.

If Champing Registered Agent, Squattere of New Respicted Agent

Page 1 of 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title MGR	Nume NIDIA TORRES	Address 1201 NW 3RD AVE	Type of Action
		APT 902 MIAMI FL 33	Add 136 Remove
			Add
			Remove
			Add
			Ramove
			_
			Remove
			Add
			Remove
			-
,			Add
			Remove
			-

D. If ame	oding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
Pated	
	Am
	Signature of a mornber or authorized representative of a member
	Typed or printed name of signes
	Page 3 of 3

SECRETARY OF STATE
TALLALAUSIE, FL