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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORP Account Number : 12010000009 : (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 JACUR LARRY'S PELICAN PLAZA LLC

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MAY 0 2 2019

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JACUR LARRY'S PELICAN PLAZA LLC			_	
(Name of the Limited Liability Comp (A Fiorida Limited	any as it now appears on our records.) Lubility Company)			
The Articles of Organization for this Limited Liability Company	y were filed on 01/28/2019	and	assigne	d
Florida document number L19000022890				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and contain the words "Limited Linb	ility Company," the designation "LLC" or th	e abbreviation	"LLC."	_
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
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			19	
Enter new mailing address, if applicable:		<u> </u>	<u> </u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			1	
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B. If amending the registered agent and/or registered of	office address on our records, en	ter the nan	ne of t	he new
registered agent and/or the new registered office address he	<u>re</u> :	•	20	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	City	Zip Co	de	

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>	Name LOPEZ, NICOLE	Address 600 SW 135 AVE SUITE	Type of Action
MGR		MIAMI, FL 33183	
			≅ Remove
			C Change
MGR	LOPEZ, NICOLE M	5600 SW 135 AVE	ma
		SUITE 106R	Ndd
			□ Remove
		MIAMI, FL 33183	Change
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record specifies a delayed effective date, but not an e The 90th day after the record is filed.	ffective time, at	12:01 a.(m, on th	e earl	ier of:
APRIL 30					
ated APRIL 30					

Typed or printed name of signee