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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 COMPUPART USA LLC

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MAY 0 2 2019

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COMPUPART USA LLC					
(Name of the Limited Linbility (A Florida)	Company as it now appears on ou Limited Liability Company)	r records.)			
The Articles of Organization for this Limited Liability Co	ompany were filed on 5/1/2019	and assign	eď		
Florida document number L19000087620	_'				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ed liability company here:				
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designati	on "LLC" or the abbreviation "L.L.C.	*1		
Enter new principal offices address, if applicable:			<del></del> -		
(Principal office address MUST BE A STREET ADDRI	ESS)				
		NA H			
Enter new mailing address, if applicable:			_=>		
(Malling address MAY BE A POST OFFICE BOX)			<u>ē</u>		
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			•		
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		records, enter the name of	the new		
Name of New Registered Agent:			<del></del>		
New Registered Office Address:			<del></del>		
	Enter Florida street address				
	City	, Florida	<u>-</u>		
	C 14,5	عادات م			

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ESTEFANIA LOPEZ MATA	5:6) COLLINS AVENUE	
•		NO. 1711	■ Remove
		MIAMI BEACH FL 33140	
AMBR	MEHRAN MOHAMMADI	5161 COLLINS AVENUE	☐ Change
		NO. 1711	
		MIAMI BEACH FL 33140	☐ Remove
			Remove Change
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be pote:  If the date inserted in this block does not meet the approximent's effective date on the Department of State's reconstruction.	orior to date of officeble statu	filing or more than tory filing requir	(optional) 90 days after filing ements, this date	) Pursuant to	605.0207 ( listed as t
record specifies a delayed effective date, but The 90th day after the record is filed.	not an eff	ective time, a	t 12:01 a.m.	on the ea	irller of:
APRIL 29 2019					
		7			
Signature of a number of a	1/2 /2 / / 1000	Sentative of a men	nbcr	<del></del>	
Signature of a thember of the	<i>gymin</i> and repti				

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