Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:		
	Division of Corporations Fax Number : (850)617-6383	
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From:	Account Name : FASTKIT CORP	<u> </u>
	Account Number : 120100000009	
	Phone : (305)599-0839	•
	Fax Number : (305)592-9591	•
an	the email address for this business entity to be used nual report mailings. Enter only one email address pleasely Address:	ase.**
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Electronic Filing Menu

Page Count

Estimated Charge

Corporate Filing Menu

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93 \$25.00

MAY 3 0 2019

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our Liability Company)	records.)			
The Articles of Organization for this Limited Liability Company were filed on 05/10/2019			and assigned		
Plorida document number L19000121361					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lial	bility company here:				
		407 CB . IV . LL	·	2	_
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	H. LTC. Of the god	LEAISING TO	20.00	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	<u></u>	-29	 -
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— m in the design than the		•	(+ '	\sim	_
Enter new mailing address, if applicable:			:	0	_
(Mailing address MAY BE A POST OFFICE ROX)					
B. If amending the registered agent and/or registered	office address on our r	ecords, enter	the name	of the	ne <u>w</u>
registered agent and/or the new registered office address he	<u>re</u> :			•	
Name of New Registered Agent:					-
New Registered Office Address:	Enter Florida street	ı address			_
		. Florida		•	
	City	, F101100#	Zip Code		_
New Registered Agent's Signature, if changing Registered Agen	· (;				
I hereby accept the appointment as registered agent and ag					

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 smending Authorized Person(s) suthorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u> Fitle</u>	Name	Address	Type of Action
MGR	JUDIT SILVERIO	4)4 NW 13TH STREET,HOMESTEAD	
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Effective d	iate, if other than the	date of filing:	ior to date of filing or m	(option)	al) ing.) Pursuant to 60	-)5.02 0 7 (3)(
Note: If the	e date inserted in this bio	the specific and cannot be proceed does not meet the apperantal of State's recon	ncable statutory ining	g requirements, this d	ate will not be lis	ted as th∈
he record The 90t	specifies a delayed th day after the reco	effective date, but ord is filed.	not an effective t	ime, at 12:01 a.r	n, on th e ear l	ier of:
Dated MA	Y, 28	2019				
TWICH			· ·	•		
	×	Signature of a member or an	horized reoresentative	of a member		
-	and the same of th	C. Branco C C C 101011111 01 11 11		0. 2		

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Filing Fee: \$25.00