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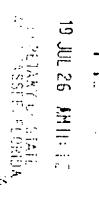
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(Address)			
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COVER LETTER

SUBJECT:	AST MAINT	ENANCE 2 SERI	sices, LLC
-	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	doren)Zo JONZA Name of Person	tlez
		Name of Son	
		Firm/Company	
	10218 4	Wonleigh Dri	've
	BONITA :	Springs, FL. City/State and Zip Code	34/35
	Atoze Ryic E-mail address: (City/State and Zip Code (CS 2020 @ 9MA) to be used for future annual port noti	iL. com
For further information of	concerning this matter, please ca		
Lore.NZO	SONZALOZ	at (941) 416 - Area Code Daytim	1707
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

FAST MAINTENANCE & SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6/03/2019 and assigned Florida document number L 19000 146703. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." <u>.</u> Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	MARTINEZ NORA	10218 Avanleigh Dr.	□ Add
		BONIYA Springs, FL3413	Remove
			Change
AP	Montiel CARlos	10218 Avon Leigh Dr.	□ Add
		BONITA Springs, FL3413.	Remove
			Change
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			Add Remove
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(If an effect Note: If	e date, if other than the date of filing: 07/24/19 (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated _/	loly 24 .2019
<i>[</i>]	
V	Tittle produce
	Signature of a member of authorized representative of a member
	Lorenzo Gonzalez
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00