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 : (\$50)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:

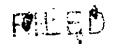
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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



288 HOV & P 3 32

		STS CELL LLC	•	
	(Name of the Limited Liability (A Florida	ty Company as it now amear a Limited Lisbility Company)	s on our records,)	
The Articles of Organizatio	n for this Limited Liability C	Company were filed on	/07/2019	and assigned
Florida document number _	L19000151715			_
This amendment is submitted	ed to amend the following:			
A. If amending name, ent	er the new name of the lim	ited liability company he	tē:	
The new name must be distinguis	hable and contain the words "Lim	ited Liability Company," the de	osignation "LLC" or the abbrev	intion *L.L.C."
Enter new principal office	s address, if applicable:		<u> </u>	
(Principal office address M	UST BE A STREET ADDA	(ESS)		
				
Enter new mailing addres	s, if applicable:			
Mailine address MAY BE	A POST OFFICE BOX			
				
B. If amending the registered agent and/or th	stered agent and/or regis encw registered office add	tered office address on ress here:	our records, enter the	name of the new
Name of New Rea	istered Agent:	<u> </u>	-	
New Registered O	ffice Address:			
		Enter Florida strem address		
	•		, Florida	
		Clty	Z	ip Code

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 Repirtered Agent

Page 1 of 3

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 AMBR	Name Kyper A. Angulo		<u>Address</u> 962 SW 151 PL	Type of Action
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October 29		2019	//- /			
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	Signature	of a member or author	and septementative of	f a member		
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