Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : FASTKIT CORP Account Number : 120100000009 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 BIANCO STORE MANAGEMENT FLORIDA LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OVE MAINAGEMENT FROKIDA TIC	
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rids Limited Liability Company)	,
The Articles of Organization for this Limited Liability	Company were filed on 08/19/2019	and assigned
Florida document numberL19000211337	.	_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	ı
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET AD)	DRESS)	
		一直
		35 W
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		21.5
B. If amending the registered agent and/or register agent and/or the new registered office address here	ed office address on our records, <u>enter the na</u> :	inc of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	
New Registered Agent's Signature, If changing Register	City	Zip Code
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	t and agree to act in this capacity. I further a complete performance of my duties, and I am agent as provided for in Chapter 605, F.S. Or red office address. I hereby confirm that the le	familiar with and
	If Changing Registered Agent, Signature of New Ri	gistered 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	Address	Type of Action
MOR	FEDERICO DI FRANCO	8740 SW 132nd Street, Miami, F1 33176	□Add
			! ' ■Romove
			□Change
		<u> </u>	<u>;</u> □ ∀qt
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