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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--------|
| SUBJECT: Florida Asto Surgrons LLC Name of Limited Liability Company | |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Nicholas Curtin Name of Person | |
| Floride Auto Surgeons Luc Firm/Company | |
| 132 Business Centre D- Address | |
| Ormana Bd FL 32174 City/State and Zip Code | |
| Flarto Syrcens of gmail, com E-mail address: (to be used for diture annual report notification) | |
| For further information concerning this matter, please call: | |
| Nicholas (urtin at (386) 383-1440 Name of Person Area Code Daytime Telephone Number | |
| Enclosed is a check for the following amount: | |
| □ \$25.00 Filing Fee & □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee & | atus & |

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



February 13, 2023

NICHOLAS CURTIN 132 BUSINESS CENTER DR ORMOND BEACH, FL 32174 US

SUBJECT: FLORIDA AUTO SURGEONS LLC

Ref. Number: L19000217486

We have received your document and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain the original date of filing/authorization in Florida.

PLEASE UPDATE THE DOCUMENTS TO REFLECT THE ORIGINAL FILING DATE OF: 08/26/2019 AND RETURN IT FOR PROCESSING.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Vonterica S Williams REGULATORY SPECIALIST II

Letter Number: 523A00003450

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (A Florida Limited I | Liability Company) |
|--|--|
| | were filed on 26 26 19 and assigned |
| Florida document number FFF 1 19 6 73 9 6 8 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabi | lity company here: |
| FAST Performance LL | Name of the Limited Liability Company as it now appears on our records. (A Floods Limited Liability Company) (A Floods Limited Liability Company |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | 132 Business Center Dr |
| | Ormord Beach FL 32114 |
| Enter new mailing address, if applicable: | |
| Mailing address MAY BE A POST OFFICE BOX) | 132 Business Center Dr |
| | Ormand Beach Fur Bully |
| 3. If amending the registered agent and/or registered office a | ddress on our records, enter the name of the new registered |
| gent and/or the new registered office address here: | 12 N F- |
| Name of New Registered Agent: No Che | |
| | |
| New Registered Office Address: | |
| | , Florida |
| | City Zip 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 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:

| AMBK = A | Authorized Member | o changes | |
|--------------|-------------------|-----------|----------------|
| <u>Title</u> | Name | Address | Type of Action |
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| an eff <u>ote:</u> | ive date, if other than the date of filing: <u>Jan 1, 2023</u> (optional) ective 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 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records. |
| | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed. |
| rec The | |
| The | Jan 1, 2023 |
| The | Signature of a member or authorized representative of a member |

Page 3 of 3

Filing Fee: \$25.00