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(Reque	estor's Name)	-
(Addre	ss)	
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(City/S	tate/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Nam	ne)
(Docum	nent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filin	ng Officer:	





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OCT 10 2019 S. YOUNG

COVER LETTER

10; Registration Section Division of Corporations		:	۲.
SUBJECT: FAST EA	GLE US	LLC	
	Name of L	limited Liability Company	
701			
The enclosed Articles of Amendmer	it and fee(s) are s	ubmitted for filing.	
Please return all correspondence cor	ceming this matt	er to the following:	
	MARIO	PELIO DOS 5	ANTOS
		Name of Person	
-	Fas	+ LAGEE US Firm/Company	226
		Firm/Company	
	1980 NE	55 tH C+	
		Address	
	FORT LAU.	City/State and Zip Code PFELIPE DS Q 100 (to be used for future annual rep	PIDA 1 33308
		City/State and Zip Code	
	E-mail address:	(to be used for future annual con	LOUD COM
For further information concerning th	s matter, please o	eall:	or nonneation)
MARIO TELIPE . Name of Person	DOD SAND	15 at (954) 7	193 - 3275
Name of Person		Area Code	Daytime Telephone Number
Enclosed is a check for the following a	amount:		
□ \$25.00 Filing Fee □ \$30.00 Centif	Filing Fee & icate 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:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O	PF .	25 TO
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record.	FILE SEP 73
The Articles of Organization for this Limited Liability Company Florida document number <u>L 19 000 22 48 19</u> .		and assigned
This amendment is submitted to amend the following:		(-
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	1980 NE SSTACT	
(Principal office address MUST BE A STREET ADDRESS)	FORT LAWDENDALE F	LORIDA
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	ice address on our records, enter	the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
Nam Danisa - La Cara	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:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
	_ Yo		□ Add
			Remove
			Change
P &			
		Remove	
	. / .		Change
			
	Y W		Remove
			Change
			
Y M		□ Remove	
		Change	
		□ Remove	
N.A.		Change	
			Remove
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: 11	e date, if other than the date of filing:
the reco	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	SEPTEMBER 18 2019
	Signature of a member or apthorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00