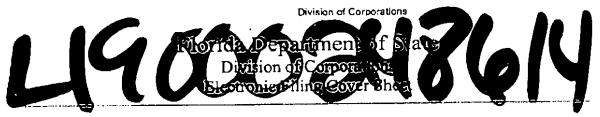
10/31/2019



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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:____

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ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION OF THE MANAGEMENT OF MILL ON THE MANAGEMENT OF THE PROPERTY OF THE PR

The Articles of Organization for this Limited Liability Company were filed an OCROOK Y, 2019 and assigned Florida document number L15000 248614

This aroendment 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"

Enter new principal office address MOST BE A STREET ADDRESS!

Enter new mailing address MOST BE A STREET ADDRESS!

Enter new 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 new registered agent and/or (the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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

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

___. Florida __

MGR = Manager

AMBR - Authorized Member

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	Name Control of the Control	Address	Type of Action
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record specifies a d The 90th day after th	ne record is filed.	•			n the earlier o
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