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.

(((H19000314387 3)))



H190003143873ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

_		
7	_	٠

Division of Corporations

Fax Number

; (850)617-6383

From:

Account Name : FASTKIT CORP Account Number : I201000000009 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 LUNJA OVERSEAS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help 5

DCT 2 2018

T. LEISEUX

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

LUNSA OVER	SEAS LL	$\mathcal{C}$	2073 OCT 23 PP 2: 50
Name of the Limite	d Liability Company as A Florida Limited Liabil	it now appears on our records ity Company)	CANASSEE, FLORID)  and assigned
The Articles of Organization for this Limited Lia	bility Company were	e filed on $10/07/2$	019 and assigned
Florida document number <u>L 1900025</u>	2017		
This amendment is submitted to amend the following	wing:		
A. If amending name, enter the new name of	the limited liability	company here:	
The new name must be distinguishable and contain the wo	ords "Limited Lisbility Co	impany," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREE)	(ADDRESS)		
Enter new mailing address, if applicable:	•		
(Mailing address MAY BE A POST OFFICE B	<u> </u>		
B. If amending the registered agent and/o registered agent and/or the new registered off	or registered office ice address here:	address on our records	enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street address	
		Cuy Flo	rida

## 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>Address</u> Type of Action Name HGR Agent Tustee Services LLC 1600 S. Davetes Rd STESON DANG ORAL GABLES, FL 33134 BREMOVE \_\_\_\_ Change MGR ALESANDRO MOLIERI 2000 & Dauglas Rd STE 501 WARD Chal Gables, FL 33134 DRemove ☐ Change Remove ☐ Change \_□ ∧dd \_□ Remove □ Change \_ 🗆 Add \_□ Remove \_□ Change \_□ ∧dd ☐ Remove \_\_\_\_\_ Change

	·
Note	etive date, if other than the date of filing:  (optional)  (flective 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 605,0207 (3)  (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the re ) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
	10/22/2019
Dated	
Dated	Signature of a member described a number

Page 3 of 3

Filing Fee: \$25.00