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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORP Account Number : I20100000009 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

## M & I 15539 LLC

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I ALBRITTON

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Company as it now appears on our records.)



M & I 15539 LLC

(	A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lis Florida document number L19000262521	ability Company were filed on 10/18/2019	and assigned
This amendment is submitted to amend the follow	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 Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B		
B. If amending the registered agent and/or registered office address	gistered office address on our records, <u>enter th</u> <u>here</u> :	e name of the new registere
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street address	·
	, Flori	id <b>s</b>

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.

City

Zip Code

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	Name	Address	Type of Action
MGR	IVETT C VARELA	15539 MIAMI LAKEWAY NORTH APT 105	□Add
		MIAMI LAKES FL 33014	□Remove
			<b>■</b> Change
			□ Add
			□Remove
			Change
		🗀 Add	
			□Change
			□Add
			Change
		□Add	
			□Remove
			Change
			DAdd
			🗆 Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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T Fffaati	we dote if other than the date of the
(If an effi Note: docum	ve date, if other than the date of filing:  cerive 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 (3X if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
f the record ecord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated (	OCTOBER 13 2021
	New March
	Signature of a member or authorized representative of a member
	IVETT C VARELA
	Thread as a second