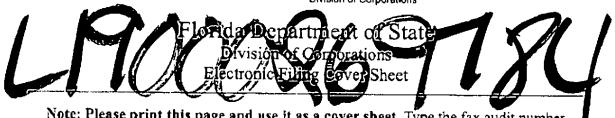
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Division of Corporations



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Division of Corporations

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: (305)592-9591

From:

Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839 Fax Number

\*\*Enter the email address for this business entity to be used for future

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T. LEMIEUX

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SOCIALIZEN			
(Name of the Limite	d Liability Compar A Florida Limited !	is as it now appears or landity (company)	ou <u>r records.</u> )	
The Articles of Organization for this Limited Lic	ibility Company	were filed on 10/28	/2019	and assigned
Florida document number £19000269784				
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here	:	
A				7 (1 mm) ( C )
The new name must be distinguishable and contain the w	ords "Limited Liabi	tity Company," the desig	gnation "LEC" or the abi	reviation L.L.C.
Enter new principal offices address, if applicable:	able:	N/A		
Principal office address MUST BE A STREE		N/A		
(Principal affice address in OST DU A STREET	-	N/A		
Enter new mailing address, if applicable:  «Mailing address MAY BE A POST OFFICE B		N/A		
	POV5	N/A		
	<u>DUAI</u>	N/A		
B. If amending the registered agent and/or ragent and/or the new registered office addre	egistered office	address on our rec	ords, enter the nam	e of the new regi
Shaw Registered Agent	N/A		<u> </u>	
Name of New Registered Agent:	21/4			7023
New Registered Office Address:	NIA	N/A  Enter Fiorida street address		
	N/A		, Florida	わ 1 4m - ユーニー
	<del></del>	City	·	2 ip Code
New Registered Agent's Signature, if changing I hereby accept the appointment as register	Registered Agen	<u>c</u>		TO CE
			(	<i>ې</i> ,

accept the obligations of my position as registered agent as provided for in Chapter 603, 1.3. Or, 9 this accume 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 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

<u>Title</u>	Name	Address	Type of Action
	N A	N/A	CAdd
		N/A	□Remove
		N/A	OChange
	N A	N/A	
		N/A	DRemove
		N/A	DChange
	N·A	N/A.	DAdd
		N/A	DRemove
		N/A	©Change
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		N/A Coange	Coange
	MA	N/A	□Aud
		N/A	□Remove
		N/A	DChange
	WA	N/A	CJAdd
		N/A	DRemove
		N/A	(   Change

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in effective date is listed, th ote: If the date inserted	than the date of filing:
cument's effective date	e on the Department of State's records.
ecord specifies a delaye is filed.	ed effective date, but not an effective time, at 12.01 a.m. on the earlier of: (b). The 90th day after the
	( ·
APRIL 04	2923
	1 2 1/2/22
	Signature of themse ar authorized representative of a member