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Division of Corporations

Fax Number

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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 CASARIEGO FINANCIAL GROUP, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASARIEGO FINANCIAL (
(Name of the L	Imited Liability Company as it now annears on our (A Florida Umited Liability Company)	records)
he Articles of Organization for this Limite	ed Liability Company were filed on 07/30/202	and easigned
lorida document number <u>L20000219243</u>		
his amendment is submitted to amend the	following:	
. If amending name, enter the new nam	ne of the limited liability company here:	
P Casariego, LLC		
e new name must be distinguishable and contain (the words "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if ap-	olicable:	
Principal office address MUST BE A STR		202
The day of the same of the sam	The state of the s	7*
İ		<u> </u>
		<u></u>
nter new mailing address, if applicable:		
<u>Maiting address MAY BE A POST OFFI</u>	CE BOXI	
		
. If amending the registered agent and/ <u>tent and/or the new registered office ad</u>	or registered office address on our records,	enter the name of the new regi
CONTRACTOR OF THE STREET OF THE AU	arest nere.	
Name of New Registered Agent:		
N		
New Registered Office Address:	Enter Florida stree	i address
		a
	City	, Florida Zio Code
	¥ 117	-4· 1 -30

If Changing Registered Agent, Signature of New 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 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
			DAdd
			Remove
			□Change
 			□∧dd
			□ Remove
			Change
			D\dd
			□ Remove
			Change
			□ Add
			□ Remove
			Change
 _			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Page 2 of 3

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
ctive d	ate, if other than the date of filing: (optional)
: If th	ate, if other than the date of filing:
ments	effective date on the Department of State's records,
ecord	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
e 90t	h day after the record is filed.
.a	8/4/2020
d	- Milara
_	A cys
ļ	Aguiture of Amember or authorized representative of a member
ļ	JORGE CASALIEGO