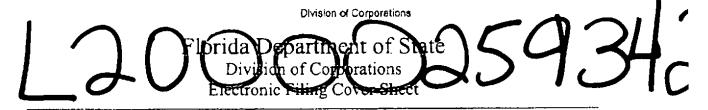
7/26/2021



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.

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Division of Corporations

Fax Number : (850)617-6383

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:					
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FAMILY MARKET PLACE, LLC

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

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Corporate Filing Menu

Help



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAMILY MARKET I	PLACELLC	
(Name of the Limited Liability Compa (A Florida Limited I	•	
	Sautiny Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L20000259342		
o Albert Color Color Procedure		
This amendment is submitted to amend the following:		
An If amending pame, enter the new name of the limited liah	ility company here:	
The new name must be distinguishable and centain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4995 NW 72nd Avenue, Suite #205	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL. 33166	
Provide the second seco		7×5 2
Mark Control		SEC.
Enter new mailing address, if applicable:		
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(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
Maria Grand		
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Bilf amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the n	affie of themew registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Twee Linking Micci agaiss?	
Marie Constant Consta	, Florida	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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:

Title	Name	Address	Type of Action
MGRM	SUSAN MONTOYA	5237 NW 112 PL, DORAL, FL. 33178	🗒 Add
	of the second se		Remove
	e, " - v		Change
MGRM	ROSA PENARANDA	5237 NW 112 PL. DORAL, FL. 33178	□Adċ
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MGRM	ANGEL PEREZ	5237 NW 112 PL. DORAL, FL. 33178	
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