

8/17/22, 2:20 PM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L20000283230**

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.

(((H22000278979 3)))



H220002789793ABCD

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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
SIBAN LLC**

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

2022 AUG 17 PM 3:55

2022 AUG 17 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 18 2022

K. Brumley

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIBAN LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/10/2020 and assigned
Florida document number L20000283230.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

1111 SW 1ST AVENUE, #2119N

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FLORIDA 33130

Enter new mailing address, if applicable:

1111 SW 1ST AVENUE, #2119N

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FLORIDA 33130

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ISAAC JAVIER PERELMAN

New Registered Office Address:

1111 SW 1ST AVENUE, #2119N

Enter Florida street address

MIAMI

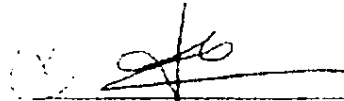
Florida

City

Zip code

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

APPROVED
AND
FILED
2022 AUG 17 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RICHARD WASERSTEIN	1124 KANE CONCOURSE	<input type="checkbox"/> Add
		BAY HARBOR ISLAND, FL 33154	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ROBERTO SZENIG	1111 SW 1ST AVENUE, #2119-N	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

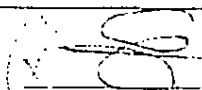
F. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 16TH DAY OF AUGUST, 2022



Signature of a member or authorized representative of a member

ROBERTO SZENIG

Typed or printed name of signer