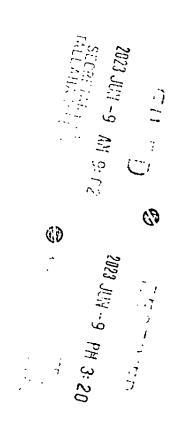
L20000385513

	Requestor's Name)
U	Address)
(/	Address)
	2) (2) (3) (3) (3)
((City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Business Entity Name)
(1	Susiness Clarky Home/
(1	Document Number)
Certified Copies	Certificates of Status
Special Instructions to F	iling Officer.
	.,,,,,
	J. HORNE
	J. HORNE JUN 1 2 2023
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Office Use Only



100409862411



CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

PHONE: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE : 808414 4313323
AUTHORIZATION : SAN DE RA
COST LIMIT : \$ \(2500 \)
ORDER DATE : June 9, 2023
ORDER TIME : 2:22 PM
ORDER NO. : 808414-005
CUSTOMER NO: 4313323
DOMESTIC AMENDMENT FILING NAME: FAST VENTURES L.L.C.
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland-sorenson EXT#

EXAMINER'S INITIALS:

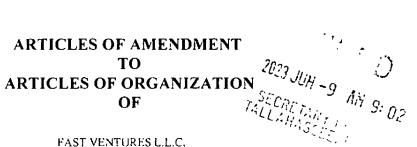
COVER LETTER

TO:

Registration Section

Division of Cor	rporations			
SUBJECT:		ENTURES L.L.C.		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		Charles M. LeSchack		
		Name of Person		
	Cı	ammings & Lockwood LLC		
		Firm/Company	=	
	Six	Landmark Square, 9th Floor		
		Address		
		Stamford, CT 06901		
	_	City/State and Zip Code		
	cleschack@)cl-law.com		
	E-mail address: (to be used for future annual report notifi	ication)	
For further information of	oncerning this matter, please c	all:		
Charles M	. LeSchack	203 351-4418		
Name of Person		at () Area Code Daytime	Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section Division of Corp The Centre of Ta	porations	
Tallahassee, 1	FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303



FAST VENTURES L.L.C.

(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 Liabi Florida document number L20000385513	lity Company	were filed on 12/9/2020)	_ and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liab	ility company here:		
The new name must be distinguishable and contain the words	s "Limited Liabii	lity Company," the designati	ion "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	(DDRESS)			
Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BO)	<u>x)</u>			
B. If amending the registered agent and/or regis		address on our records	s, enter the name o	f the new registered
Name of New Registered Agent:				
New Registered Office Address:	·	Enter Florida stre	et address	
_			, Florida	
		Ciry		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 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>	Type of Action
MGR	RICHARD ANTONUCCI, JR.	6347 Bay Club Drive, Suite #4	
		FORT LAUDERDALE, FL 33308	■Remove
			
AMBR	RICHARD ANTONUCCI, JR.	6347 Bay Club Drive, Suite #4	≣Add
		FORT LAUDERDALE, FL 33308	□Remove
			□Change
			DAdd
			Change
			□Add
			□Remove
			□ Change
			□Remove
			□Change
			□Add
			□Remove
			□Change

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. JPursuant to 605.020 Nate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day after the rd is filed. June 9 2023	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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The effective date on the Department of State's records. The spoth day after the red is filed.				·			
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Mated	Mated	record speci f is filed.	fics a delayed effective date	e, but not an effective	time, at 12:01 a	.m. on the carlie	r of: (b) The 90th o	lay after the
Sometime of a member or authorized representative of a member	Signature of a member or authorized representative of a member	ated	June 9	2023	·			
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	- Signature of a memory of authorized representative of a memor	_		terre of a member of an	<u>U</u>	tive of a manha-		
RICHARD ANTONUCCI, JR.		_		Typed or pri	nted name of sign	ee		

Filing Fee: \$25.00

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations			
SUBJECT:		ENTURES L.L.C.		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Charles M. LeSchack			
		Name of Person		
	Cu	ımmings & Lockwood LLC		
		Firm/Company		
	Six	Landmark Square, 9th Floor		
		Address		
		Stamford, CT 06901		
		City/State and Zip Code		
cleschack@cl-law.com				
	E-mail address: (to be used for future annual report notification)		
For further information of	concerning this matter, please c	all:		
Charles M	. LeSchack	203 351-4418		
Name o	f Person	at () Area Code Daytime Telephone	Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) Co	0.00 Filing Fee. ertificate of Status & ertified Copy dditional copy is enclosed)	
Mailing Address: Registration Section		Street Address: Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 632	. /	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303