4/14/2021



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Division of Corporations

Fax Number : (850)617-6383

From:

5  $\ddot{\sim}$  Account Name : FASTKIT CORP Account Number : 120100000009 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.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **ABC LIQUIDATION LLC**

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the L	(A Florida Limited Liability Company)	ra on eur recorde.)		
The Articles of Organization for this Limited Florida document number 1.20000388522	Liability Company were filed on Di	EC 14, 2020	and assigne	ಚ
This amendment is submitted to amend the fo	ollowing:			
A. If amending name, enter the new name	of the limited liability company b	<u>:re</u> :		
The new cease must be distinguishable and contain the	t words "Limited Liability Company," the d	esignation "LLC" or the abbrevi	istion "L. L.C"	
Enter new principal offices address, if appl	licable:			
Principal office address MUST BE A STRE	ET ADDRESS	-u-		
	<del></del>		2	.,
Enter new mailing address, if applicable:			AP#	77
Meiling eddress MAY BE A POST OFFIC	E BOXO		= 1	
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			: <b>≟</b> ₹	$\overline{\cdot}$
<ol> <li>If smending the registered agent and/or seent and/or the new registered office addr</li> </ol>		ecords, enter the name of	07	<u>ļst</u>
Name of New Registered Agent:	CHAO CHAO CHEN			
New Registered Office Address:	20442-20444 N.EI 5 CT			
	Enter Flor	da street address		
	MIAMI	. Florida 33179	<del></del>	
	City:	Zij	p Code	

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

ABC LIQUIDATION LLC

thereby decept 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:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
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		MIRAMAR, FL 33029	
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