

3/10/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L210000977223ABC

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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
BE MADE LLC

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

MAR 11 2021

M. S. CLOWERY

Electronic Filing Menu

Corporate Filing Menu

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BE MADE 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 01/07/2021 and assigned
Florida document number L21000004642

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5200 NW 103 AVE

DORAL, FL 33178

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LED

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

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

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	MENDEZ, ORLANDO	5200 NW 103 AVE	☐ Add
		DORAL, FL 33178	☒ Remove
			☐ Change
MGR	MENDEZ, GABRIEL	5200 NW 103 AVE	☐ Add
		DORAL, FL 33178	☒ Remove
			☐ Change
MGR	MENDEZ, MANUEL ERIC	5200 NW 103 AVE	☐ Add
		DORAL, FL 33178	☒ Remove
			☐ Change
MGR	MENDEZ, MARCELA	5200 NW 103 AVE	☐ Add
		DORAL, FL 33178	☒ Remove
			☐ Change
MGR	MENDEZ, VIVIAN	5200 NW 103 AVE	☐ Add
		DORAL, FL 33178	☒ Remove
			☐ Change
MGR	MENDEZ, ALEXANDRA	5200 NW 103 AVE	☒ Add
		DORAL, FL 33178	☐ Remove
			☐ Change

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FILED

7046 5811

2021 MAR 10 PM 12:2

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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.

Dated March 8, 2021 

Jose Manuel Mendez

Filing Fee: \$25.00