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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

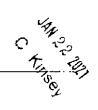
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	, FIOFIGS		Code	
	Enter Florida ster	, Florida			
New Registered Office Address:	For Fig. 11				<u></u> .
Name of New Registered Agent:					
gent and/or the new registered office address here:					
3. If amending the registered agent and/or registered office	t address on our record	s, <u>enter the</u> i	naine of the	i. hEilew	register
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Malling address MAY BE A POST OFFICE BOX)			1.5	750	F-57
Enter new mailing address, if applicable:			2.	77 	Ciana Ciana
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			<u> </u>	202	
(Principal office address MUST BE A STREET ADDRESS)			·		
Enter new principal offices address, if applicable:					
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the designa	tion "LLC" or (lie abbrevia	tion "[l	.c."
QUALIFIED EXPEDITORS, LLC					
A. If amending name, enter the new name of the limited it	ability company here:				
This amendment is submitted to amend the following:					
Florida document number L21000011234					3
The Articles of Organization for this Limited Liability Compa	my were filed on 1/11/202	21		ınd ass	igned
(Nume of the Limited Liability Con (A Florida Lumi	ed Liability Company)	(100 100 00 00 00 00 00 00 00 00 00 00 00			
(Name of the Limited Liability Con	IIIIBNV SS if DOW ADDRESS ON	OHE PRESENT			

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

Title	<u>Name</u>	Address	Type of Action
			DAdd
			Remove
			□Change
			DAdki
			□Remove
			DChange
			DAdd
			Пстюче
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ffecti	ve date, if other than the date of filing.
	ve date, if other than the date of filing: (optional) etive 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 605.02 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed int's effective date on the Department of State's records.
recon is file	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
ited_	January 21st , 2021

Typed or printed name of signee