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.

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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : FASTKIT CORP

Account Number : 120100000009

Email Address:

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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| Certificate of Status | 0 |
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Electronic Filing Menu

Corporate Filing Menu

*ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company) | records.) |
|--|---|
| The Articles of Organization for this Limited Liability Company were filed on 01/26/202 Florida document number L21000048051 | t and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company here: | 2021 A SECIA |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation | on "LLC" or the abbreviation "L. C." |
| Enter new principal offices address, if applicable: | · · · · · · · · · · · · · · · · · · · |
| (Principal office address MUST BE A STREET ADDRESS) | <u>000 ₽ ₹</u> |
| 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 agent and/or the new registered office address here: | i, <u>enter the name of the new registe</u> |
| Name of New Registered Agent: | |
| |] |
| New Registered Office Address: Enter Florida stre | et address |

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 | Name | Address | Type of Actio |
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