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COVER LETTER

TO:

Registration Section

Division of Cor	porations		•
LA UNION			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	ndence concerning this matter	to the following:	
	CARLOS BISIO		
	~~	Name of Person	
	FASTFORWARD TRADI	NG COMPANY LLC	
	·	Firm/Company	
	1845 NW 112 TH AVENU	JE STE 203, MIAMI FLORIDA	
		Address	
	33172		
		City/State and Zip Code	, , , , , , , , , , , , , , , , , , ,
	info@fastfwdus.com	to be used for future annual report not	litication)
For further information c	oncerning this matter, please c		•
CARLOS BISIO		786 4956610	
	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne 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 9	Section	Street Address: Registration Se	
Division of C P.O. Box 632	-	Division of Co The Centre of	•
Tallahassee,		2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabilit			
(A Fibrida	y Company as it now appears on Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on $\frac{02/04/2}{1}$	2021	and assigned
riorida document number	_ `		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the design	ation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)		
	 		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our recor	ds, <u>enter the nan</u>	e of the new registere
N. CN. D. C. LA			
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
Name of New Registered Agent: New Registered Office Address:	Entar Elizabe		
	Enter Florida st		
			Zin Code
	City	reet address, Florida	Zip Code

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>	Address	Type of Action
MGR	ENZO P CERRUTI PEREZ	1317 EDGEWATER DR SUITE 1222	
		ORLANDO, FLORIDA 32804	-
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
			□Change
			🗀 Add
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			□Change
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			□Remove
			□Change

f amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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an effectiv ote: If the	date, if other than the date of filing:	5.0207 ted as t
record sp is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
ated	2021	
	1m	
	Signature of a manber or authorized representative of a member	
	EMILIANO GASCO TERRA, MANAGER	
	Typed or printed name of signee	