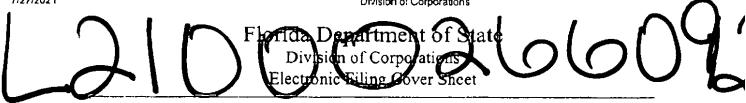
7/27/2021

Division of Corporations



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.

(((H21000285852 3)))



H210002858523ABC0

Note: DO	NOT hit the REFRESH/RELOAD button on your browse	er from the mage	
	Doing so will generate another cover sheet.		T
To:	Division of Corporations Fax Number : (850)617-6383	27 PH A	
From:	Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839 Fax Number : (305)592-9591	2: 02 NATE ORIDA	

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 CYCMAS GROUP LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CYCMAS GROUP LLC			
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company were filed on	June 8th, 2021	and assigne	èd
This amendment is submitted to amend the following:		202 SE TAL	
A. If amending name, enter the new name of the limited liability company ho	ere:	1 JUL 2	-rı
The new name must be distinguishable and contain the words "Limited Liability Company," the d	esignation "LLC" or the		
Enter new principal offices address, if applicable:		P	
(Principal office address MUST BE A STREET ADDRESS)		2: 02 TALE OR DA	
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 reagent and/or the new registered office address here: Name of New Registered Agent:	ecords, <u>enter the</u> nar	ne of the new reg	ristered
New Registered Office Address:			
	ida street address		
	, Florida		
City New Registered Agent's Signature, if changing Registered Agent:		Zip Code	
I hereby accept the appointment as registered agent and agree to act in this corovisions of all statutes relative to the proper and complete performance of accept the obligations of my position as registered agent as provided for in Cabeing filed to merely reflect a change in the registered office address, I hereby company has been notified in writing of this change.	ny duties, and I am hapter 605, F.S. Or,	familiar with and if this documen	đ

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	<u>Address</u>	Type of Action
MGRM	JUAN C. MARTINEZ MEZA	14542 SW 125 PLACE	
		MIAMI, FL 33186	□Remove
			■Change
MGRM	GLORIA C. SIERRA MARTINEZ	14542 SW 125 PLACE	□Add
		MIAMI, FL 33186	□Remove
			■Change
MGR	RAUL ESCORCIA	14542 SW 125 PŁACE	
		MIAMI, FL 33186	□Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□ Change

	7 SE	
	L 2	
	35. 7.	
	NTE RITE	
ective date, if other than the date of filing:	(optional)	
n effective date is listed, the date must be specific and cannot be prior to date of fil te: If the date inserted in this block does not meet the applicable statute	ting or more than 90 days after thing.) Pursuant to 605.0 ory filing requirements, this date will not be listed)2 1
cument's effective date on the Department of State's records.		
cord specifies a delayed effective date, but not an effective time, at 12:0 is filed.	of a.m. on the earlier of: (b) The 90th day after	th
July 27th 2021		
July of		

Filing Fee: \$25.00

Typed or printed name of signce