Jun 27 2023 15:4	1 HP 53x	page 1	
6/27/23, 2:02 PM		Division of Corporations Electronic Eiling Cover Sheet	5050
	Note: Pleas	e print this page and use it as a cover sheet. Type th	e fax audit number
	(50	own below) on the top and bottom of all pages of the	document.
· .		(((H230002281113)))	
$t_{H_{n}}$; τ r		H230002261113ABCU	
	Note: DO N	OT hit the REFRESH/RELOAD button on your brow Doing so will generate another cover sheet.	rser from this page.
	To:	Division of Corporations Fax Number : (850)617-6383	
		Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839 Fax Number : (305)592-9591	
PN 1: 49	· Hocannu	e email address for this business entity to be u al report mailings. Enter only one email address 1 Address:	sed for future
RFCEN	1-00	C AMND/RESTATE/CORRECT OR M/MG I NAVAS AUTO SPA LLC	
20		Certificate of Status0Certified Copy0	
		Page Count 03	
		Estimated Charge \$25.00	
El	ectronic Fil	ing Menu Corporate Filing Menu	Help T. LEMIEUX JUN 28 2023

•

ARTICLES OF .	A BAL'NINNAL'NI'I'
T	-
ARTICLES OF O	ORGANIZATION
• • • • • • •	Ŧ
NAVAS AUTO (Name of the Limited Liability Compa (A Florida Limited L	
The Articles of Organization for this Limited Liability Company	
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must he distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Enter new principal offices address, if applicable: <u>(Principal office address MUST BE A STREET ADDRESS)</u>	•
•	
Principal office address MUST BE A STREET ADDRESS)	
Principal office address MUST BE A STREET ADDRESS)	
Principal office address MUST BE A STREET ADDRESS)	····
Principal office address MUST BE A STREET ADDRESS)	2123
Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	ddress on our records, enter the name of the new regi
Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office a	ddress on our records, enter the name of the new regin
Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 8. If amending the registered agent and/or registered office a	ddress on our records, enter the name of the new regi
Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) I. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter the name of the new regu</u>
Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	iddress on our records, enter the name of the new reginer of the new r
Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) I. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	iddress on our records, <u>enter the name of the new regi</u>
Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 8. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the name of the new regu</u>
Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	iddress on our records, <u>enter the name of the new regi</u>

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 Anthorized 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

1

Title	Name	<u>Address</u>	Type of Action
MGR	LEANN POU-ROJAS	577 SW 5TH STREET	🗆 Add
		MIAMI, FL 33130	ERemove
			🖯 Change
			🖸 Add
			DChange
			[]Add
			CRemove
			①Add
			ORemove
			🗆 Change
•			🖸 Add
			🗆 🖾 Remove
		,,,,,,,	🗆 Change
			🖸 Add
			🗆 Remove
			DChange

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

	'N/A							
		·····			- <u></u>		<u> </u>	
	 				<u>.</u>			
		<u> </u>		· · · · · - · - · - · - · - · - · - · -	· · · · · · · · · · · · · · · · · · ·			
-			, ,,				<u> </u>	
-								
			<u></u>					
							·	
						· · ·		
		<u></u>		<u></u>				
-						, <u> </u>		
	[
-								
-		<u> </u>			<u>_</u>			
_								
(If an eff <u>Note:</u>	fective date If the date	if other than the is listed, the date mu- te inserted in this b active date on the E	st be specific an lock does not :	d cannot be prior to meet the applicab	date of filing or more le statutory filing r	(optio than 90 days after f equirements, this	nal) Hing.) Pursuant to 505.0 date will not be listed	207 (3 1 as th
e recor	d specifie led.	s a delayed effectiv	/e date, but no	t an effective tim	e. at 12:01 a.m. on	the earlier of: (b)	The 90th day after t	he
210 12 11		TH						

Signature of a member or authorized representative of a member

MARIANO NAVAS

İ

Typed or printed name of signee

Filing Fee: \$25.00