8/6/2021 Division of Corporations

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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

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 MENDIETA AND LISA LLC

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

2021/AUG -6

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MENDIETA AN		
(Name of the Limited Limitlity (A Florida	Company as it now appears on our rec Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Co	ompany were filed on 07/28/201	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
N/A		
The new name must be distinguishable and contain the words "Limi	red Liability Company," the designation "I	
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDR	ESS)	75-1 G
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	PH 3 06
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent: N/A	l office address on our records, <u>en</u>	ter the name of the new registered
New Registered Office Address:	Enter Florida street aa	ddress
	City	, Florida Zip Code

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 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>	Name	Address	Type of Action
AMBR	FABIAN GENEROSO	973 SW 149 CT	
		MIAMI FLORIDA 33194	■Remove
			☐ Change
AMBR	OSCAR CATTORINI	973 SW 149 CT	■Add
		MIAMI FLORIDA 33194	□Remove
			Change
			□Remove
			□Change
			CAdd
			□ Remove
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		·	Change
			□Add
			□Remove
			□ Change

N/A		
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 If the data inserted in this 	the date of filing: must be specific and cannot be prior to date of filing or mor is block does not meet the applicable statutory filing: the Department of State's records.	reduttering and error and need at the
ord specifies a delayed effe filed.	ective date, but not an effective time, at 12:01 a.m. on	the earlier of: (b) The 90th day after
. 08/04	2021	
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	Tabia (Conorcio).	
	Signature of a member or authorized representative of	f a member

Filing Fee: \$25.00