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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 WITHOUT HUE LLC

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OCT 1 9 2021

S. PRATHER

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	C)F	2021 OCT SECRETA ALLAHA	
WITHOUT HUE LLC			AH/ AH/	
(Name of the Lim	(A Florida Limited)	hy as il now aniscars on our records.)	T 18	
The Articles of Organization for this Limited 1 Fiorida document number L21000348877	Liability Company	were filed on 08/03/2021	PM 1: 59	ED
This amendment is submitted to amend the fol	lowing:		5 9 10A	
A. If amending name, enter the new name of	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		6538 Collins Ave #292 Miami Beach	. FL 33141	
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6538 Cultins Ave #292 Miami Beach	. FL 33141	
B. If amending the registered agent and/or seent and/or the new registered office addre	registered office a	iddress on our records, enter the ne	ame of the new registered	₫
Name of New Registered Agent:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
New Registered Office Address:	6538 Collins As	ve #292 Enter Florida street address		
	Miami Beach	Florida	33141	
		Cav , r (brida _	Zio 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

Title	Name	Address	Type of Action
AMBR	Jessica Killings	6538 Collins Ave #292 Miami Beach, FL 33141	BAdd
			ORemove
			Clunge
			DAdd
			□Remove
			OChange
			🗆 Add
			©Remove
			□Change
			🗀 Add
			GRemove
			Change
			DAdd
			□Remove
			□Change
			[] Add
			□Remove
			Cluige

D. If ame	ending any other infor	nution, enter change(s) here: (Attach addition	oal sheets, if necessary,)
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7.016	n uic care inserted in this t	e date of filing: out be specific and cannot be prior to date of filing or more block does not meet the applicable standary filing re Department of State's records.	(optional) than 90 days after filing.) Pursuant to 605,0207 (3) equirements, this date will not be listed as the
if the record record is file	l specifies a delay ed effecti sd.	ve date, but not an effective time, at 12:01 a.m. on t	the earlier of: (b) The 90th day after the
Dated	10/15/21	12:30	
_		and the second	2021 Sac Tall,
		Signature of a member or authorized representative of a	<u> </u>
	Jesse Mae Salonga		ASSEE. FI
		Typed or printed name of signee	PH PH FLOO

Filing Fee: \$25.00