12/12/23, 3:21 PM

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.

(((H230004236743)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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:	

$\bigcirc$	4: 12:	SSEE TOP STATE
السائمة	<del>:</del>	SELOS
Separation of the second	SE SE	1961
A SECTION AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS	12	**************************************
Name of Street		至古堂
6	4	% <u>6</u> 5
\$100 mg	123 DEC	DEPARTMEN IVISION OF CO TALLAHASS
■ 11°	· -1	=

LC AMND/RESTATE/CORR	ECT OR M/MG RESIG
OSS UP ADJUST CONSULT	TANT INSURANCE LLC
Certificate of Status	

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**

LOSS UP ADJUST CONSULTANT INSURA	NCELLC	
(Name of the Limited Liability (A Florida L	Company as it now appears on our suited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Cor Florida document number L21000378612		
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limite	d liability company have	
LET US ADJUST CONSULTANT INSURANCE LLC	A THE PARTY CAMPAGE HETE:	
The new name must be distinguishable and contain the words "Limito	Liability Company " the designation :	~
Enter new principal offices address, if applicable:	NA NA	LLC of the aboreviation. I.L.C.
Principal office address MUST BE A STREET ADDRE	<b>20</b>	
Enter new mailing address, if applicable:	NA	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		-
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, en	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ade	îress
		Florida
	City	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 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	Address	Type of Action
			□ Add
			□ Remove
			Change
			□Remove
			□Change
<del></del>			
			□Remove
			☐ Change
			DAdd
			□Remove
			Change
<del></del>			□Add
			□Remove
			□Change
		<u></u>	□Add
			□Remove
			□ Channe

<del></del>			
			······
<del></del>			
		**	
——————————————————————————————————————			
	<del></del>		
ective date, if other than the dat	le of filing:	date of filing or more than 90 days after fi	ial)
		date of filing or more than 90 days after fi le statutory filing requirements, this o	ling.) Pursuant to 605.0
ument's effective date on the Depar	tment of State's records.	, D = 4	AND THE INC DE BOILE
cond specifies a delayed effective dat filled.	ie, but not an effective time	e, at 12:01 a.m. on the earlier of: (b)	The 90th day after
DECEMBER 11	2023		
Sign	ature of a merahat or authoriz	ed sepresentative of a member	<del></del>

Filing Fee: \$25.00