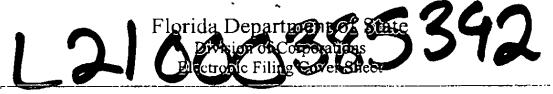
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Division of Corporations



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Division of Corporations

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From:

Account Name : FASTKIT CORP

Account Number : I20100000099

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 ROME STRATA LLC

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Help

ARTICLES OF AMENDMENT TO 4 ARTICLES OF ORGANIZATION OF

ROME STR	ATA LLC		
(Name of the Limited	Liability Compa Florida Limited	BY as it now appears on our records.) Jubility Company)	
The Articles of Organization for this Limited Liab Florida document number £21000385392	nility Company	were filed on <u>08-27-2021</u>	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the wor	ds "Limited Liahi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applical	ole;	2414 NW 108 TER	· · ·
(Principal office address MUST BE A STREET		SUNRISE FL 33322	
		Country: United States	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u>0x)</u>	2414 NW 108 TER SUNRISE FL 33322 Country: United States	
B. If amending the registered agent and/or regagent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:			2022 APR 28 AH
		Ville	<u> </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 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
Mgr	JUAN O. ROMERO, SR	2414 NW 108 TER	□Add
		SUNRISE FL 33322	□Remove
		Country: United States	■ Change
			bb∧⊡
			□Remove
			Change
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ctive date, if other	than the date of filin	4-28-2022		(optional)	
<u>و:</u> If the date inserter	f in this block does not i	meet the applicabl	date of filing or more that le statutory filing requ	in 90 days after filing.) Pu firements, this date wil	Insulant to 605,02 Inot be listed
ument's effective dat	e on the Department of	State's records.			
card specifies a delay	ed effective date, but no	t an effective time	at 12:01 am on the	earlier of: (h) The 9	Oth day after t
filed,	,a checure date, out no	t an creenve time	.,	(a) (b) (b)	541. 64 , 5 1151 1.
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Filing Fee: \$25.00

Typed or printed name of signee