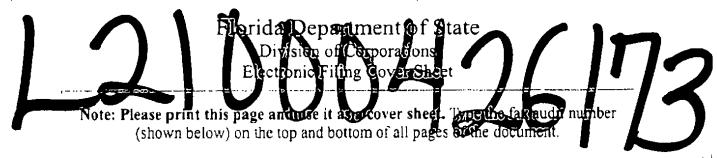
...

Division of Corporations



(((H22000233546 3)))



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 : 120100000009 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:

 α

32

స 汇

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMC PRODUCTS, LLC

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

JUL 1 1 2022

M. SOLOMON

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	AMC PRODUC	•				
(Name of the Limi	ted Liability Compa (A Florida Limited	iny as it now appears or Liability Company)	our records.)			
The Articles of Organization for this Limited L Florida document number <u>1.21000426173</u>	iability Company	were filed on	1/2021	and as	signed	
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liab	oility company here:				
N/A						
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desig	nation "LLC" or the ab	breviation "l.	L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		N/A	<u></u>			
					125	
					=	í
				, };		,
Enter new mailing address, if applicable:		17081 NW 10th ST	REET	13.75 1.75		T
•	POV	PEMBROKE PINES, FL 33028				
Mailing daaress MAT BE A FOST OFFICE	ng address MAY BE A POST OFFICE BOX			. v -	_ _	_
					- 	
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:		address on our reco	rds, <u>enter the nam</u>	e of the ne	w regis	tered
Name of New Registered Agent.						
New Registered Office Address:	17081 NW 10t		street address			
	ひでょくひか ヘビモ 1			028		
	PEMBROKE I	City	, Florida ³³⁰	Zip Code	_	-
		Cuy		rigo Cione		

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>	<u>Name</u>	Address	Type of Action
AMBR	CLAUDIA CAMACHO	17081 NW 10th STREET	= Add
		PEMBROKE PINES, FL 33028	□Remove
			Change
		· .	
			□Remove
			
			Remoyb
			□Change □Add
			□Remove
			□Add
			Remove
			□Change
			□Add
			CRemove
			□ Channa

	N/A	
		2929
		ر براید از است از این
		14.
		<u> </u>
f	fective date, if other than the date of filing:	3 D
Į,	on effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing of the date inserted in this block does not meet the applicable statutory filing requirements, this date	will not be listed a
o	ocument's effective date on the Department of State's records.	
		- 00ab day affar ab
	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The is filed.	c som day after the
	$\sim 10^{-1}$	
) 2	ated 2022	
		and the second second
	Signature of a member or authorized representanve of a member	
	ABRAHAM D DE MARCHENA	

Filing Fee: \$25.00