11/28/23, 4:51 PM



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.

(((H23000406946 3)))



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

_		
т	_	

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORP Account Number : 12010000009

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 URUFINTECH LLC



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

T. LEMIEUX

NOV 29 2023

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

URUFINTECH LLC		
(Name of the Limited Limbility C (A Florida Lin	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Composition document number L21000476900	pany were filed on11-03-2021	and assigned
his amendment is submitted to amend the following:		
. If a mending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "i_imited	Liability Company," the designation "L1.C" or t	he abbreviation "L.L.C."
nter new principal offices address, if applicable:		· · · · · · · - · · · · · · · · · ·
Principal office address MUST BE A STREET ADDRES.	<u> </u>	
		~
nter new mailing address, if applicable:		••••
Mailing address MAY BE A POST OFFICE BOX		
		ಕ್ಷಾ
		٠, ١
. If amending the registered agent and/or registered of	fice address on our records, enter the	name of the new regist
gent and/or the new registered office address here:		. <u>ம</u>
		. *
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street oddress	
	Florid	a
	Chy	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 affice 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

<u>Title</u>	Name	Address	Type of Action
MGR	MARCELO A. TRACOGNA	16056 SW 86TH TER	≅ ∧ dd
		MIAMI, FL 33193	
			☐ Change
MGR	MARIA A CALDERAZZO ROVI RA	51 SW 11 STREET, APT 537	Cladd
		MIAMI, FL 33130	景Kemovo
			☐Change
			□Remove
			□Change
			©Add
			□Remove
			□Change
			□∧dd
			
			□Change
			DAdd
			©Remove

						
		 				
						
						-
		** = .			 	
			 ,			
			<u> </u>			
						
				<u> </u>		
				·····		
			·, ··· · · · · · · · · · · · · · · · ·			
-						
						
fective date, if other than the	data of Glinas			(opt	ionul)	
n effective date is listed, the date muster. If the date inserted in this bl	the specific and ca	anat be prior to a	iate of filling or mor	e th an 90 days afte	r filling.) Pursuant to	605.0201
tument's effective date on the D	epartment of Stat	e's records.	- v			
ecord specifies a delayed effective	e dosa buy naran	. affaariya sima	o. 12:01 a.m	erbo postianos i	ha Tha Othalas	atter the
is filed.	e date, but not an	cirective time	, pr. (2.0) a .ng. Of	i tile cartier (ii, t	o) the rom day	aner mç
NOVEMBER 3RD		2023				
ted	/ } • -		,	ī		
Xau	hD _ 1	AS AUT	HORIZED	KEPRES	ENTATIVE	

Filing Fee: \$25.00

Typed or printed name of signee