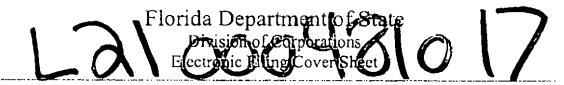
Division of Corporations



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.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

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	Division of Corporations Fax Number : (850)617-6383		DA CALADA SE
From			
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	Account Number : 120100000009		~
	Phone : (305)599-0839		<u></u>
	Fax Number : (305)592-9591		SEE PH
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAMOS	FAMILY DELIVERY SERVCES, LLC			
(Name of the Lin	nited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited	Liability Company were filed on	11/08/2021	and assigned	
Florida document number 1.21000481017			-	
This amendment is submitted to amend the fo	ellowing:			
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :		
The new name must be distinguishable and contain the	words "Limited Liability Company," the de	signation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if appl	icable:			
(Principal office address MUST BE A STRE	SET ADDRESS)	. <u>.</u>	75.02	
				
Enter new mailing address, if applicable:			18	
Mailing address MAY BE A POST OFFICE	F ROY)		THE REPORT	
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			77. 2	
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on our re	cords, enter the na	me of the new registers	
agent and of the new registered office addr	ess nere.			
Name of New Registered Agent:				
New Registered Office Address:	2999 SW 64TH AVE UNIT #B			
	Enter Florida street address			
	MIRAMAR	, Florida	33023	
	Ciry		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

<u>Title</u>	<u>Name</u>	Address	Type of Action
P	YADALYS BALLESTER RAMOS	2999 SW 64TH AVE APT #B	□Add
		MIAMI GARDENS, FL 33055	■Remove
AMBR	YADALYS HALLESTER RAMO\$	2999 SW 64TH AVE UNIT #H	= Add
		MIRAMAR, FL 33023	□Remove
			Change
VP	YADALYS C RAMOS	2999 SW 64TH AVE, APT B	
		MIRAMAR, FL 33023, FL 33023	■Remove
			□Change
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			□Remove
			□ Change

1 amending	gany other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effective d lote: If the o	te, if other than the date of filing:
record speci Lis filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	11/18 2021
	Signature of a member a substitute representative of a member YADALYS BALLESTER RAMOS
_	Typed or printed name of signee

Filing Fee: \$25.00