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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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To:		
	Division of	Corporations
	Fax Number	: (850)617-6383

From:

Account Name	: FASTKIT CORP
Account Number	: I2010000009
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.

LLC AM	IND/RESTATE/CORRE	ECT OR M/MG RE	
	WEST 1250,	, LLC	
Ce	rtificate of Status	0	
Cer	rtified Copy	0	
Pag	ge Count	03	
Est	imated Charge	\$25.00	

Electronic Filing Menu Corporate Filing Menu

\$

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WEST 1250, LLC (Name of the Linsited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:	2020 N. BAYSHORE DR. #603		~	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33137		122	
		· · · ·	P PR	
			12	
Enter new mailing address, if applicable:	2020 N. BAYSHORE DR. #603		م	E C C
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33137	::	<u> </u>	;-
		: ;	0	

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	address
	City	, Florida 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

Ϊ.

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
MMBR	MARISSA NUNEZ-VILCHES	2020 N. BAYSHORE DR. #2409	🗆 Add
		MIAMI, FL 33137	BRemove
			Change
MMBR	MARISSA NUNEZ-VILCHES	2020 N. BAYSHORE DR. #603	Add
		MIAMI, FL 33137	🗆 Remove
			⊡Change
			🗆 Add
			🗆 Remove
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, (fnecessary.)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	20TH DAY OF APRIL 2022
	Ven Norrille
	Signative of which ber or authorized representative of a thember
	MARISSA NUNEZ-VILCHES
	Eyped or printed name of signed