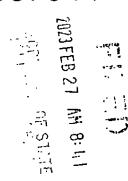
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A. BUTLER **FEB 47 2023**

COVER LETTER

TO: Registration Se Division of Cor			
CARIBE F.	AST MULTI SVC LLC	•	
SOURCE.	Name of Lir	mited Liability Company	
The enclosed Articles of	BJECT: Name of Limited Liability Company et enclosed Articles of Amendment and fee(s) are submitted for filing. sase return all correspondence concerning this matter to the following: EDUARDO HEREDIA		
		_	
	EDUARDO HEREDIA		
	Amendment and fee(s) are submitted for filing. BEDUARDO HEREDIA Name of Person CARIBE FAST MULTI SVC LLC Firm/Company 3887 CALLE DE JARDIN Address Fort Myers, FL 33905 City/State and Zip Code eddyhdia@gmail.com E-mail address: (to be used for future annual report notification) Area Code Person Area Code Daytime Telephone Number following amount: S30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee		
	CARIBE FAST MULTI S	Address In Myers, FL 33905 City/State and Zip Code yhdia@gmail.com F-mail address: (to be used for future annual report notification) ing this matter, please call: 305 910 9655 Area Code Daytime Telephone Number wing amount: 30.00 Filing Fee & Certificate of Status Certificate of Status Certificat Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
		Firm/Company	
	3887 CALLE DE JARDIN	Name of Limited Liability Company If fee(s) are submitted for filing. In this matter to the following: D HEREDIA Name of Person AST MULTI SVC LLC Firm/Company LE DE JARDIN Address FL 33905 City/State and Zip Code mail.com -mail address: (to be used for future annual report notification) natter, please call: at 305	
		Address	
	Fort Myers, FL 33905		
		City/State and Zip Code	
		·	ification)
For further information co	oncerning this matter, please c	all:	
MARLENE MUNOZ			
Name of	Person		ne Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address Registration So Division of Co	ection orporations	Registration Se Division of Cor	porations
P.O. Box 6327 Tallahassee, F.			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARIBE FAST MULTI SVC LLC

(Name of the Limited Liability Company as it now appears on our records.) B 27 Ari 8: 4

(A Florida Limited Liability Company)

The Articles of Organization for this Limited	Liability Com	nany were filed on ^{()3,}	/10/2022	STATE
Florida document number L22000122541		,,		
This amendment is submitted to amend the fol	Howing:			
A. If amending name, enter the new name	of the limited	liability company he	e <u>re</u> :	
N/A				
The new name must be distinguishable and contain the	words "Limited	Liability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STRE	<u>ET ADDRES</u>	<u></u>	 	
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	E BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addr	<u>ess here</u> :	fice address on our r	ecords, enter the na	ame of the new registered
Name of New Registered Agent:	N/A		·	
New Registered Office Address:	N/A			
		Enter Flor	rida street address	
	N/A		, Florida	N/A
		City		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 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	JONATHAN HEREDIA	1140 OCEANIC ROAD, PUNTA GORDA, FL 3398	3 ≡ Add
		N/A	🗆 Remove
		N/A	_ 🗆 Change
N/A	N/A	N/A	_
		N/A	_ □Remove
		N/A	
N/A	N/A	N/A	
		N/A	_ □Remove
		N/A	_ [] Change
N/A	N/A	N/A	□Add
	N/A	_ □Remove	
		N/A	_ □Change
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ective date, if other than the date offective date is listed, the date must be s	e of filing:	2.3	(optional)	
neffective date is listed, the date must be stee. If the date inserted in this block of tument's effective date on the Depart	does not meet the app	licable statutory filing rec	nan 90 days after filing.) Pursuant to quirements, this date will not be	5 605.0207 (Elisted as t
cord specifies a delayed effective dat s filed.	te, but not an effective	e time, at 12:01 a.m. on th	ne earlier of: (b) The 90th day	after the
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Typed or printed name of signee