

**Florida Department of State**  
 Division of Corporations  
 Electronic Filing Cover Sheet

L22000209643

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(((H22000205543 3)))



H22000205543ABCX

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

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DIVISION OF CORPORATIONS  
 FLORIDA DEPARTMENT OF STATE

2022 JUN 13 AM 10:06

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

2022 JUN 13 PM 3:46

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 BEST PARTS SUPPLIER LLC**

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

JUN 14 2022

M. SOLOMON

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

BEST PARTS SUPPLIER LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/18/2022 and assigned Florida document number: L22000209643

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
*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 Changing Registered Agent, Signature of New Registered Agent

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2022 JUN 3 AM 10:06  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
DADE FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Munoz Catillo, Gabriel Patricia	5600 SW 137 AVE, SUITE 106R	<input type="checkbox"/> Add
		MIAMI, FL 33183	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Muncz Castillo, Gabriela Patricia	5600 SW 135 AVE SUITE 106R	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33183	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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