6/13/22, 3:15 PM

Division of Corporations



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(((H22000205538 3)))



H220002055383AEC.

To:	
	Division of Corporations
	Fax Number : (850)517-6383
From:	
	Account Name : FASTKIT CORP
	Account Number : I20100000009
	Phone : (305)599-0839
	Fax Number : (305)592-9591
	the email address for this business entity to be used for future nual report mailings. Enter only one email address please.**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ANGELO KEYS PRODUCTION LLC

Certificate of Status	0
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2022 JUH -3 AM 9: 04

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JUN 1 4 2022

K. Brumbley

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANGELO KEYS PRODUCTION LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny 25 It now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 05/05/2022	and assigned
Florida document number £22000214351		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new came must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	bbreviation "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 a	nddress on our records, enter the nan	ne of the new registered
agent and/or the new registered office address here:		2022
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	City	Zlp Gode
New Registered Agent's Signature, if changing Registered Agent:		7(

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

Title	<u>Name</u>	Address	Type of Action
MBR	MIGUEL A DE ARMAS CAPOTE	1199 W 35TH ST APT 206	□Add
		HIALEAH FL 33012	□Remove
			■Change
			□Add
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			Change
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E. Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the content of the	nis block does not n	nect the applical	odate of filing or mo	(option re than 90 days after fi requirements, this o	ual) ling.) Pursuant to 605.02 date will not be listed	07 (3)(b) as the
If the record specifies a delayed efficecord is filed.	ective date, but not	an effective tim	oc, at 12:61 a.in. o	the earlier of: (b)	The 90th day after th	e
Dated JUNE II		2022	. ·			
	Mate	0				
	Signature of a r	nember or authori	zed representative o	f a member		

Filing Fee: \$25.00

Typed or printed name of signee