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COVER LETTER

	Registration Se Division of Cor			
CHD ICC		AMERICA LLC		
SUBJECT	·	Name of Lin	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ondence concerning this matter	to the following:	
		FASTFORWARD TRAD	ING COMPANY LLC	
			Name of Person	· · ·
		CARLOS BISIO		
			Firm/Company	,
		1845 NW 112TH AVE SU	JITE 203	1
			Address	
		MIAMI, FLORIDA 33172	2	
			City/State and Zip Code	•
		info@fastfwdus.com		
		E-mail address: (to be used for future annual report no	tification)
For further	r information c	oncerning this matter, please c	all:	
Carlos Bis	sio		786 4956610 at ()	
	Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed i	s a check for th	he following amount:		
□ \$25.00	O Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
R	tailing Addres	Section	Street Address: Registration Se	
	Division of C	Corporations	Division of Co	orporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAKING AMERICA LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000325968</u> .	were filed on	and assigned
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 name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		•
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	 	
		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	·	
	Enter Florida street address	
	, Flori	da
	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

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	LBABER LLC	300 BAYVIEW DR	□Adđ
		SUNNY ISLES BEACH	≡ Remove
		FL 33160	□Change
			
			□Remove
			☐Change
			•
			□Add
			□ Remove
			□Change
			□Add
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			Change

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ctive date, if other than the d	lata of filings		(ontingal)	
effective date is listed, the date must b	be specific and cannot be prior to o	late of filing or more tha	(optional) n 90 days after filing.)	Pursuant to 605.02
If the date inserted in this bloc iment's effective date on the Dep		e statutory filing requ	irements, this date v	vill not be listed
ord specifies a delayed effective of filed.	date, but not an effective time	, at 12:01 a.m. on the	earlier of: (b) The	90th day after th
30 January	2023)	
d	· · · · · · · · · · · · · · · · · · ·		////-	
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Filing Fee: \$25.00