Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAP SOLUTIONS INC

Account Number : I20210000103

Phone : (786)615-3057 Fax Number : (786)615-3058

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FAS COMPANY LLC

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S. ROBERTS

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FAS COMPANY LLC		
(Name of the Limited Liabilia (A Fiorida	ty Company as it now appears on our red Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C Florida document number L22000341529	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "I	JLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		, 1 ,
(Principal office address MUST BE A STREET ADDR	ESS)	
		· · · · · · · · · · · · · · · · · · ·
		* *** *
Enter new mailing address, if applicable:		
(Malling address MAY BE A POST OFFICE BOX)		ا اا
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>en</u> t	er the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	iress
	Ciry	Florida
New Registered Agent's Signature, if changing Registered	•	Zip Coue
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and co accept the obligations of my position as registered agent of being filed to merely reflect a change in the registered company has been notified in writing of this change.	and agree to act in this capacity. I Complete performance of my duties, Yent as provided for in Chapter 60	and I am familiar with and 5, F,S, Or, if this document is
	If Changing Registered Agent, Signatur	re 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

Title	<u>Name</u>	Address	Type of Action
AMBR	ARTURO FASANI	13009 SW 95TH AVE	□ A d d
		MIAM!, FL 33176	<b>≅</b> Remove
			Change
AMBR	DANIEL PAVEZ	13009 SW 95TH AVE	
		MIAMI, FL 33176	□Remove
			Change
		···	🗆 Add
		<del></del>	□Remove
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