10/19/22, 1:27 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000358869 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:			<b>2022</b> ( \$1₹0 1741
	Division of Corporations		<b>9</b>
	Fax Number	: (850)617-6383	
From:			35
	Account Name	: FASTKIT CORP	
	Account Number	: 120100000009	E ST
	Phone	: (305)599-0839	mari 🕶
	Fax Number	: (305)592-9591	09

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 3104 S. MIAMI 1380, LLC

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

C. BRUMBLEY

Electronic Filing Menu Corporate Filing Menu

Email Address:

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3104 S.MIAMI 1380,LLC		
Name of the Limited Link (A Flor	olity Company as it now appears on our recode Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Florida document number: L22000355383	. ,	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li-	nited liability company here:	,
NA .		
The new name must be distinguishable and contain the words "L	mited Liability Company," the designation "L	LC' or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	୍ ଅ
(Principal office address MUST BE A STREET ADD	RESS)	22.0
	<del>7.11</del>	2 2
Enter new mailing address, if applicable:	NA	19 A III
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
B. If amending the registered agent and/or register agent and/or the new registered office address here:	ed office address on our records, <u>ent</u>	er the name of the new registere
Name of New Registered Agent: NA		
New Registered Office Address:	Enter Florida str <b>ee</b> s addo	ets
	ì	- Florida
,	Cl5·	7ip 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>	Name	Address	Type of Action
MGR	EDUARDO PEREZ	661 S. COLLIER BLVD	⊡Add
		MARCO ISLAND, FL 34145	≅Remove
			□ Change
MGR	EDWARD PEREZ	661 S COLLIER BLVD	——— ≅.Add
		MARCO ISLAND, FL 34145	□Remove
			Change
	<del></del>		□Add
			CRemove
			□ Clange
			□ Add
			Петоче
			☐ Change
	·		
			Πκαπονε
			☐ Change
<del></del>			□ Add
			□ Remove
			[] Change

1100 40 7 1 2	The state of the s
**	.,,,,
The state of the s	
**************************************	
A CONTRACTOR OF THE RESIDENCE OF THE SECOND	
fective date, if other than the date of filing:	(optional)
in effective date is listed, the date must be specific and cannot be prior to date of filin	ng or more than 90 days after filing.) Pursuant to 605.02
nte: If the date inserted in this block does not meet the applicable statutor, cument's effective date on the Department of State's records.	y filing requirements, this date will not be listed:
content a abbody's date on the Department of State 3 (ecoles,	
ecord specifies a delayed effective date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after th
is filed.	
ted <u>October 19</u> , <u>2022</u> .	
_	
. <i>P</i>	
<u>Cl</u>	
Signature of a member or authorized represen	tative of a member

Filing Fee: \$25.00