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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORP Account Number : 120100000009 Phone : (305)599-0839 Fax Number : (325)592-9591

Enter the email address for this business entity to be used for future - "Zannual report mailings. Enter only one email address please.

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LLC amnd/restate/correct or m/mg resign $^{\frac{1}{2}}$

FAMIGLIA ARG LLC

Certificate of Status	0
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Page Count	03
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NOV 2 5 2024

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAMIGLIA ARG LLC		
(Name of the Limited)	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	bility Company were filed on 8/23/2022	and assigned
Florida document number L22000369802	·	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the	ebbreviation "L.L.C."
Enter new principal offices address, if applicat	hle:	
(Principal office address MUST BE A STREET	ADDRESS)	
		······································
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	OX)	
		20
B. If amending the registered agent and/or reg agent and/or the new registered office address i	istered office address on our records, <u>enter the na</u> <u>here</u> :	me of the new registered
		\sim
Name of New Registered Agent:		; <u>\</u>
New Registered Office Address:		7.5
	Enter Florida street address	7
	, Florida _	
	Cin	Zin 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	DANIELA S CAROZZI	3370 MARY STREET	□Add
		MIAMI, FL 33153	
			☐ Change
MGR	RICARDO D CAROZZI	3370 MARY STREET	
		MIAMI, FL 33133	
			DChange
MGR	ANTONIO L. ROCA	3370 MARY STREET	■ ∧dd
		MIAMI, FL 33133	□ Remove
			□Change
			□Add
			CJRemove
			OChange
			□Remove
			Change
			GAdd
			CiRemove
			□Сһалде

E Effec	ve date if other than the date of filling.
: 1016.	ve date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at ent's effective date on the Department of State's records.
If the reco record is f	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	SEPTEMBER 26 2024
	1000000

Filing Fee: \$25.00

Typed or printed name of signee