

(((H23000133788 3)))



H230001337883ABC2

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

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORP

Account Number : I20100000009

Phone : (305)599-0839

Fax Number

: (305)592-9591

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

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RICLOP LLC

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

Help

APR 13 2023 T. LEMIEUX

nd Request

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		OP LLC			
(Name of the Lin	nited Liability Com (A Florida Limite)	pans as it now app c Liability Compan	pears on our record	5. .)	
The Articles of Organization for this Limited	Liability Compan	ny were filed on	09/13/2022	a	ınd assigned
Florida document number L22000399353		•			and assigned
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited lis	bility company	here:		
N/A	_	-			
The new name must be distinguishable and contain the	words 'Limited Liab	iliny Company," the	designation "LLC"	or the abbreviati	on "1. 1. C "
Enter new principal offices address, if appl		N/A	-		
Principal office address MUST BE A STREET ADDR		N/A		<u> </u>	r.3
		N/A			22
				<u> </u>	70
Enter new mailing address, if applicable:		N/A			···
Mailing address MAY BE A POST OFFICE BOX		N/A			-n C
		N/A		,-	3
_					
 If amending the registered agent and/or seet and/or the new registered office addre 	registered office a	ddress on our :	records, enter the	name of the	new-fréeiste
Feat sumor the new registered office shore	ss pere:				
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A				
		Enter Flor	ruša str e et ad are ss		
	N/A		, Florid	a	
		City		Zip Coc	ie .

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

Title	Name	Address	Type of Action
A2	DANA I. LOPEZ	6485 W 24TH AVE APT107	
		HLALEAH, FL 33016	■Remove
			🗆 Change
			ŪAdċ
			□Remove
			Change
			□Remove
			□Change
			bbAC
			□Remove
			DChange
			□ A dd
			□Remove
			GChange
			CChange

NONE		bere: (Anoch addii	<i>y</i> -	
				
				
	4,-2,2			
·-				···
				·
				
· · · · · · · · · · · · · · · · · · ·				
				
	·			
ctive date, if other than the differnive date is listed, the date must be the date inserted in this block.	A UUCS INUI IITEEL LIJE ADDI	ACADIC STAILUIDTS THING	(option: re then 90 days after fili requirements, this d	al) ng) Pursuant to 605.0 de will not be lister
ment's effective date on the Dep	artment of State's record	ts		
ord specifies a delayed effective	late but not an effective	time at 17:01 a.m. o	n the earlier of /k\	The Web do a fee
filed.	, , ,		n are called or. (b)	The your day arter
. APRIL 08	2077			
J APRIL 08	2023	·		
6	((, ,))			
المسكال ويستورو فالمسبب	(· ·)			
- Bioch de	Existers of a member or and	porized representative o	a member	 -

Filing Fee: \$25.00