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To:

Division of Corporations

Fax Number : (852)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 YOASH HECHAVARRIA LLC

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M. SOLOMON

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YUASH HECHAVARRIA LLC		
(Name of the Lit	nited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited	Liability Company were filed on 10/17/2022	and assigned
Florida document number L22000447064		
This amendment is submitted to amend the fo	Nowing:	
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appl	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
_		
Enter new mailing address, if applicable:		in 5
(Mailing address MAY BE A POST OFFICE	(BOX)	
		<u> </u>
D 16 31 3		
 It amending the registered agent and/or igent and/or the new registered office address 	registered office address on our records, <u>enter the reserve</u>	name of the new registered
	in i	D ₹
Name of New Registered Agent:	ARISTIDES G. HECHAVARRIA FERNANDEZ	
New Registered Office Address:	501 SW 79TH CT	
	Enter Florida street address	

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.

City

MIAMI

If Changing Registered Agent, Signature of New Registered Agent

Florida 33144

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
MGR	ARISTIDES G HECHAVARRIA FERNANDEZ	561 SW 79TH CT	
		MIAMI, FL 33144	DRomove
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			DRemove
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fective date, if other than the date of filing:	(ontional)
in effective date is listed, the date must be specific and cannot be prime to date of	filing or more than QA days after filing) Durming to 604 2207.
ate: If the date inserted in this block does not meet the applicable state ocument's effective date on the Department of State's records.	ntory filing requirements, this date will not be listed as
record 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
is filed.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NOVEMBER 10TH 2022	
ated	

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