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SECRETARY OF STATE

COVER LETTER

	Registration So Division of Cor				
SUBJEC	LLC FAST	CUST			
NODJEC	Name of Limited Liability Company				
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please ret	turn all correspe	ondence concerning this matter	to the following:		
		EKATERINA KISSELEV	'A		
			Name of Person		
		EGK SOLUTIONS			
			Firm/Company		
		7901 4TH ST N STE 325			
		***************************************	Address		
	SAINT PETERSBURG FL 33702				
			City/State and Zip Code	······	
		info@egksolutions.com			
		E-mail address: (to be used for future annual report not	tification)	
For furthe	er information c	oncerning this matter, please c	all:		
EKATER	rina kissele	VA	727 214 2848 at ()		
	Name o	f Person	Area Code Daytir	ne Telephone Number	
Enclosed	is a check for th	ne following amount:			
■ \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection	
Registration Section Division of Corporations			Division of Co		
I	P.O. Box 632	7	The Centre of	Tallahassee	
-	Tallahassee, I	FL 32314	2415 N. Monro	be Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LLC FASI CUST		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our distribution our distribution of the	records.)
The Articles of Organization for this Limited Liability Compar Florida document number L23000010726	ny were filed on 01/04/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
FAST CUST LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records. g	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		_, Florida
	City	Zip 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 Changing Registered Agent, Signature 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	VLADISLAV KATIN	414 SE 4TH TER	bdd
		DANIA BEACH, FL 33004	□Remove
			□Change
			□Add
			□Remove
			Change
	-		□Add
			□Remove
			□Change
			□Remove
		,	□Change
		*****	□Remove
			TChange
			⊡Add
			□Remove
			□Change

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f an effect Note: - If	e date, if other than the date of filing:
record s	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
ated	02/24/2024/
	- Aug
	ADISLAV KATIN adislav Kafin

Filing Fee: \$25.00