L23000059606

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer.	

Office Use Only



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09/25/23--01821--015 **25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tas5 Ll	_C ·	
(Name of the Limited Liability Compan (A Florida Limited Li	<u>y as it now appears on our records.</u>) ability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number 1730050400.	were filed on 02-01-2023	and assigned
This amendment is submitted to amend the following:		D
A. If amending name, enter the new name of the limited liabil	lity company here:	PA 2:
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbrev	viation EQL.C."
Enter new principal offices address, if applicable:	132 Tortuga F	Bay DR.
(Principal office address MUST BE A STREET ADDRESS)	5+ Augustine	FL 32092
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	132 Tortuga St Augustine F	Bay Dr 1 32092
B. If amending the registered agent and/or registered office ac	ddress on our records, enter the name o	f the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
Man Danistana Amerika Cimatana Makana San Danistana Amerika		

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

A COVER LETTER A CONTROL OF THE PROPERTY OF TH

TO: Registration Sec Division of Corp		te voor in 1997 in	11;
SUBJECT:	Fast 5 LLC	•	
Jobanett.		ted Liability Company	
	1	in the Section of the Section	Para Maria
The enclosed Articles of A	mendment and fee(s) are subt	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	Sand	ra a Poartas	
		×000	
i		<u> </u>	tost 5 LLC
		Firm/Company	South a south of the control of the
	170 -	\mathcal{O}	
•	132 lort	Address Address	OZ3 SE CRE
	SI Nuca	id. (El 3	2092
	37 7090	City/State and Zip Code	The state of the s
·	11 90	(e) 10-11 11 10	CONTRACTOR OF THE PARTY OF THE
•	E-mail address: (t	o be used for future annual report no	tification)
For further information co	ncerning this matter, please ca	11:	28 28
The termination continues of		an. Tanàna sa ao amin'ny faritr'o	The transfer of the second
Santo	a Piertos	at (949) 4606	
Name of		Area Code Dayti	me Telephone Number
			Section 1. 1.
Enclosed is a check for the	e following amount:		The state of the state of the state of
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & i 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)
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Mailing Address Registration S		Street Address: Registration S	ection
Division of Co	•	Division of Co	
P.O. Box 6327		The Centre of	
Tallahassee, F			oe Street, Suite 810
,		Tallahassee, F	L 32303

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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
AMBR	Modriguez Edith S	. 916 Gallier Pl	□Add
		5+ John's FL 32259	Remove
			Change
AMBL	Puertos Sofia E.	916 Gallier Pl	□Add
		St John's FL 32259	Remove
			□Change
	· .		□Add
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be	e prior to date		e than 90 days		
g: If the date inserted in this block does not meet the aument's effective date on the Department of State's re		tatutory ming	requirements	s, unis date w	in not be fiste
ord specifies a delayed effective date, but not an effective date.	tive time, a	t 12:01 a.m. or	the earlier o	of: (b) The	90th day after
09-22. Solo (0)	23.				
Signature of a member of	r authorized	representative o	f a member		

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