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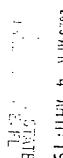
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

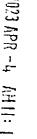
Office Use Only



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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fast Coast Dreams LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company	were filed on $\frac{02-20-1}{2}$	2023	_ and assigned
lorida document number L23000091713			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the design	nation "LLC" or the abbre	viation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		_ '	923
			P T
			1 (1995)
nter new mailing address, if applicable:			<u>.</u>
Mailing address MAY BE A POST OFFICE BOX)			
Tuning underess MITT DE ITT OUT OF THEE BOTT			-
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	ds, <u>enter the name o</u>	of the new regist
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida s	treet address	
		Florida	<u> </u>
	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>	Address	Type of Action
AMBR	Tiffany Parker	868 Water Tower Way	□Add
		Apt 106	□Remove
		Lantana, FL 33462	■Change
			□Add
			Remove
			Change
			F
			Remove !
			□Remove
			□Change
		·	□Add
			Remove
			□Change
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the 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 record is filed. Dated March 27 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee

/s/ Tiffany Parker

Tiffany Parker