

10/3/23, 2:48 PM

Division of Corporations

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Florida Department of State  
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Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : FASTKIT CORP  
Account Number : 120100000009  
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FLORIDA DEPARTMENT OF STATE  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
EDO MIGUEL SPORTS LLC

Certificate of Status	0
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Heidi - 4 2023

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

EDO MIQUEL SPORTS LLC

*(Name of the Limited 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 04.12.2023 and assigned  
Florida document number LD3090182643

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

EDO MIQUEL SPORTS LLC

*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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

EDUARDO MIQUEL PEREZ

New Registered Office Address:

823 UNIVERSITY BLVD 201

*Enter Florida street address*

JUPITER

Florida 33455

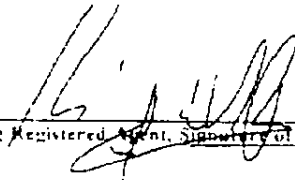
*City*

*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>	<u>Type of Action</u>
MGR	EDUARDO MIGUEL PEREZ	823 UNIVERSITY BLVD. 207	<input type="checkbox"/> Add
		JUNIPER, FL 33458	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EDUARDO MIQUEL PEREZ	823 UNIVERSITY BLVD 207	<input checked="" type="checkbox"/> Add
		JUPITER, FL 33458	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

