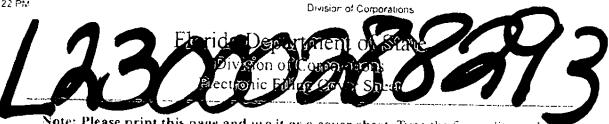
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To:

Division of Corporations

Fax Number : (850)517-6383

العصدان المجرا للمستحد ويستوي ووستستم مما الارسيسي الممالي

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 307 SW 2ND ST LLC

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Page Couni	03
Estimated Charge	\$25.00

T. LEMITUX

AUG 2 4 2023

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

307 SW 2ND ST LLC	ability Company of it and	
(A.F)	ability Company as it now appears on our records.) onds Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	by Community 21. 4 96 14 2023	
- 1 3200200000	ty Company were med on	and assiஹed
Florida document number L23000288293	·	
his amendment is submitted to amend the following	2.	
A. If amending name, enter the new name of the l	limited liability company here:	
he new name must be distinguishable and contain the words."	Limited Erability Company," the designation "ELC" or the	abbrevation "Li C"
Enter new principal offices address, if applicable:		apple intolling the
		· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREET AD	DKESS)	
	***************************************	· · · · · · · · · · · · · · · · · · ·
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and to a single	ارس» ' المراجع المراجع	20
. If amending the registered agent and/or register tent and/or the new registered office address here	red office address on our records, enter the na	me of the new regis
EN EDBOT GREAT TERRITORIES HETE	<u>:</u>	i;⊷
		' \\
Name of New Registered Agent:		<u></u>
New Registered Office Address.	•	
	Enter Floridu street address	
	, Florida	0
	Cin	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 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	Name	Address	Type of Action
MGR	CANDELARIA, ANGEL	2170 WILTON DR.	=
	-	APT 315	
		WILTON MANORS, PL 33305	□Remove
			DChange
			CIAdd
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AUGUST 17 - 2002		·			·	
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Filing Fee: \$25.00