Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839 Fax Number : (305)592-9591

inter 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 JAKO BV LLC

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SEP 14 2025

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAKO BV LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) pility Company;	
The Articles of Organization for this Limited Liability Company w	ere filed on <u>07-18 2023</u>	and assigned
Florida document number L23000340582		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LEC" or	the abbreviation "I. L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS		(.)
-	,	
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BOX)		<u>ئ</u>
	dues an our seconds enter the	name of the new register
	aress on our records; enter tae	hathe of the new register
	aress on our records, enter the	That the trew register
egent and/or the new registered office address here:	Enter Floridu street address	name of the new register

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>	Name	Address	Type of Action
MGR	NAYIB MATEO, SANTIAGO	1109 ALEXANDER BND	
_		WESTON, FL 33327	
			⊡Change
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			□Remove
			□ Change
-			□Add
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Effectiv	ve date, if o	ther than the	date of filin	g:			(optional)	
Ifan effo	with date is lie	red, the date must	be speciale and	d caruset be pro	or to date of filit	ng or more than 9 Ty filing require	() days after filing) inents, this date:	Pursuant to 605 0207 will not be listed as
docume	mt's effective	date on the De	partment of S	State's record	is.	, .		
e record rd is file		elayed effective	date, but no	t an effective	time, at 12:01	a.m. on the ea	rhenof: (b) Th	: 90th day after the
Dated _	September	12 +4		2023				
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