

123000431412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

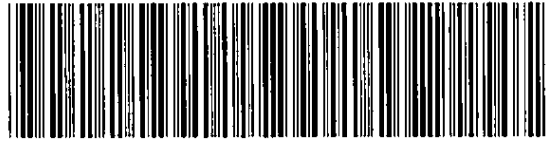
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

IRONSIDE INTERNATIONAL LLC

SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLOS BISIO

\_\_\_\_\_  
Name of Person

FASTFORWARD TRADING COMPANY LLC

\_\_\_\_\_  
Firm/Company

1845 NW 112 TH AVENUE STE 203, MIAMI FLORIDA

\_\_\_\_\_  
Address

33172

\_\_\_\_\_  
City/State and Zip Code

info@fastfwdus.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS BISIO

786 4956610  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 NOV -3 PM 4:12

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Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

IRONSIDE INTERNATIONAL 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 09/15/2023 and assigned  
Florida document number L23000431412.

This amendment is submitted to amend the following:

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

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:

New Registered Office Address:

*Enter Florida street address*

Florida

*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	EL MORRO SPA	AVDA EL GOLF 99 OF 701 LAS CONDES LA CONDES, CL 75603-56 CL	<input type="checkbox"/> Add  <input type="checkbox"/> Remove  <input type="checkbox"/> Change
MGR	TORREON SPA	AVDA EL GOLF 99 OF 701 LAS CONDES LA CONDES, CL 75603-56 CL	<input type="checkbox"/> Add  <input type="checkbox"/> Remove  <input type="checkbox"/> Change
AMBR	BULNES LABRA, DIEGO	9480 NW 41 ST APT 617, MIAMI, FLORIDA 33178	<input type="checkbox"/> Add  <input type="checkbox"/> Remove  <input type="checkbox"/> Change
AMBR	URRUTIA RIVAS, LUIS I	9480 NW 41 ST APT 617, MIAMI, FLORIDA 33178	<input type="checkbox"/> Add  <input type="checkbox"/> Remove  <input type="checkbox"/> Change
MGR	IRONSIDE SPA	9480 NW 41 ST APT 617 MIAMI, FL 33178	<input type="checkbox"/> Add  <input type="checkbox"/> Remove  <input type="checkbox"/> Change
			<input type="checkbox"/> Add  <input type="checkbox"/> Remove

2023 NOV-3 PM 4:19  
STATE  
TALLAHASSEE, FL

FILED

66

2023 NOV -3 PM 4: 13  
SECRETARY OF STATE  
TALLAHASSEE, FL

2023 NOV -3 PM 4: 13  
SECURITY OF STATE  
TAILLANTASSE, FL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 **OCTOBER 26** 2023

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Signature of a member or authorized representative of a member

# IRONSIDE SPA - MANAGER

Typed or printed name of signee