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	To:	Division of Corporations Fax Number : (850)617-6383
	From:	
		Account Name : FASTKIT CORP
		Account Number : I2010000009
		Phone : (305)599-0839
		Fax Number : (305)592-9591
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13 PM 3:	PLATE NOT SECULLATED SECTION OF STATE O	the email address for this business entity to be used for future nual report mailings. Enter only one email address please.** ail Address: LC AMND/RESTATE/CORRECT OR M/MG RESIGN
	CE CORPORA CE CORPORA CE CORPORA CE CORPORA	LC AMND/RESTATE/CORRECT OR M/MG RESIGN GUNSON, LLC
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GUNSON, LLC			
(Name of the Cimited Liability Con (A/Florida Limit	npany as it new app ed Liability Company	eers on our records.))
The Articles of Organization for this Limited Liability Compa	iny were filed on	01/29/2024	and assigned
Florida document number L24000053133			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company	here:	
2851 NE 183 RD, LLC			
The new name must be distinguishable and contain the words "Limited Lia	ability Company," th	e designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
	<u> </u>		
Enter new mailing address, if applicable:			(D) . 2
Malling address MAY BE A POST OFFICE BOX			924
			- :
 If amending the registered agent and/or registered offic 	e address on our	records, enter th	e name of the new registe
gent and/or the new registered office address here:			PH 1
			1 5 G
Name of New Registered Agent:			
New Registered Office Address:			-i - ∞
Harrist Manual Court (1991)	Enter F	lorida street address	·
		. Flori	ida
	City	, ruir	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 = M AMBR = A	lanager authorized Member		
Title	Name	Address	Type of Action
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			□Remove
			DAdd
			Петпо ve
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ecord specifies a d	lelayed effective date,	but not an effective	e time, at 12:01 a.m	, on the earlier of; (t	o) The 90th day after	the
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