

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240003465613)))



H240003465613ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

**Enter the email address for this business entity to be used for ture annual report mailings. Enter only one email address please. •• 🛇

≰ Email Address:_

िल्ल LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MATURIN MOBILE LLC

Certificate of Status	0
Certified Copy	0 1
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

T. LEMIEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MATURIN MOBILE LL	
(Name of the Limited Liability Company as it (A Florida Limited Liability	Company)
The Articles of Organization for this Limited Liability Company were it	filed on <u>02/14/2024</u> and assigned
Florida document number <u>L24000080830</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	empany here:
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	dia Alla
	49 ₁₂₃
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	in the second
	
B. If amending the registered agent and/or registered office address	on our records, enter the name of the new registere
agent and/or the new registered office address here:	- () () - () - () - () - () - () - () - () - () -
	上
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida sweet 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

Title	Name	Address	Type of Action
MGR	LUIS PAPILLA	2700 GLADES LIR, SWITE 115	XAdd
		WESTON, FL 33327	□ Remove
			□ Change
			🗆 Add
			ERemove
			🗆 Change
			∃Add
			CRemove
			_ Change
			□Add
		□Remove	
			□Change
			_ □Add
			BRemove
			_ Change
			_ 🗆 Add
			_ DRemove
			_ Change

	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
_		
_		
_		
_		
		
_		
_		
		
		 -
_		
cuve	date, if other than the date of filing: (optional) we 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	
<u>:c:</u>	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not b	to 605.0203 e list ed as
ument	's effective date on the Department of State's records.	
cord s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day	, after the
filed.	, some and some and some and some carrier of the some asy	AILEI ME
e d	09/26/2024	
	Vwhy when	
	Signature of a member or authorized representative of a member	_

Filing Fee: \$25.00