4/17/24, 2:06 PM



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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

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** 는 Month Address: _ 다음다. 다음다. 다음다.

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HelpAPR 1 8 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOUTYN LLC					
(Name of the Lin	nited Llability ((A Florida Lii	Company as It now appears or inited Liability Company)	our records.)	·	_
The Articles of Organization for this Limited	Liability Com	ppany were filed on U3/25	/2024	and	assigned
Florida document number L24000143181	 ·				
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited	l liability company here:			
The new name must be distinguishable and contain the	words "Limited	Liability Company," the design	nation "LLC" or the s	bbreviation	"L.L.C."
Enter new principal offices address, if appli	icable:	N/A			a
<u>Principal office address MUST BE A STRE</u>	ET ADDRES	<u> </u>	· · · · · · · · · · · · · · · · · · ·		-
					~>
					152
Inter new mailing address, if applicable:		N/A			7. T
Mailing address MAY BE A POST OFFICE	E BOX)				
					<u> </u>
. If amending the registered agent and/or gent and/or the new registered office addre	registered off	fice address on our recor	ds, enter the nan	ne of them	
				<u>i</u>	ť. (
Name of New Registered Agent:	N/A				
New Registered Office Address:	- <u>-</u>				
		Enter Floridu si	reel address		
			, Florids _		
		City		Zia Cod	•

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	<u>Name</u>	Address	Type of Action
MGR	MARIA LAURA GUTIERREZ	11501 NW 77TH ST, DORAL FL 33178	
			□Remove
MGR	EDWARD GUTIERREZ REYES	11501 NW 77TH ST, DORAL FL 33178	□Add
			□ Remove
			DAdd
	•		□Remove
			□Change
			□Add
			□Remove
			ElChange
			DRenove
			□Change
			DAdd
			Remove
			□Change

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ective date, if other than the effective date is listed, the date me	e date of filing: _			(option:	ıl)
elfective date is listed, the date me te: If the date inserted in this b	st be specific and cans lock does not meet	ot be prior to da the applicable	te of filing or more th	an SO days after fili	ng.) Puisuant to 605.020
ument's effective date on the I	epailment of State	s records.	statutory ming red	unements, this da	ie wili not de listed :
cord specifies a delayed effecti	/e date, but not an e	ffective time	at 12:0! a milion the	entlier of the	The OCth day after th
filed.	-, - 27	· v · · · · · · · · · · · · · · · ·		. cather or, (0)	ine zour cay after th
APRIL 17	20	24			
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			representative of a m		

Filing Fee: \$25.00

Typed or printed name of signee