Oivision of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORP Account Number : I20100002009 Phone : (305)599-0839 Fax Number : (305)592-9591

Enter 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 UARE TRADING LLC

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

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VPR 03 2024d[aH]

T. LEMIEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

U ARE TRADING LLC			
(Name of the Limited Liab	ility Company as it now appears on o da Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability Florida document number L24000145826	Company were filed on 03/26/20	24	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designat	tion "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	RESS)		
			2074
Enter new mailing address, if applicable:			A RPO
Muiling address MAY BE A POST OFFICE BOX			-2
		٠٠.	2
			-
B. If amending the registered agent and/or registere egent and/or the new registered office address here:	ed office address on our records	s, enter the name	of the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stree	et address	
		, Florida	7.7.
	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	<u>Name</u>	Address	Type of Action
MGR	LUIS F URIBE RESTREPO	16111 SW 109 AVE	
		MIAMI FL 33157	
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			□ A cid
			DRemove
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fective date, if other than (the date of filing:		(optional)	
n effective date is listed, the date ote: If the date inserted in this cument's effective date on the	s block does not meet to	ne applicable statutory filing	(optional) re than 90 days after filling.) Pursuant to requirements, this date will not be	o 605.0207 e listed as
ecord specifies a delayed effect is filed.	ctive date, but not an ef	fective time, at 12:01 a.m. or	the earlier of: (b) The 90th day	after the
APRIL 02	202			

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Typed or printed name of signee