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To:

Division of Corporations

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From:

Account Name : FASTKIT CORP Account Number : I29100000009 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 CHIQUITICO MULTISERVICES LLC

Certificate of Status	0
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Page Count	03
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M. SOLOMON

AUG 2 3 2024

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHIQUITICO MULTISERVICES LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000174058</u>	y were filed on 04/12/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited list	pility company here:	
		2 02
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation ALECT AUG
Enter new principal offices address, if applicable:	6303 BLUE LAGOON DRIVE	र्जनी ∧
(Principal office address MUST BE A STREET ADDRESS)	SUITE 400	————————————————————————————————————
	MIAMI, FL 33126	777
		F STALE
Enter new mailing address, if applicable:	9640 NW 2ND STREET	55 10/
(Mailing address MAY BE A POST OFFICE BOX)	UNIT 5 - APT 107	
PEMBROKE PINES,		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, enter the nu	me of the new registered
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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
		···	
			□Remove
			23 F
			DAdd
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			□Remove
			CIChange

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if new	wsauy.j	
		
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	02.00 07.10 17.10	55
E. Effective date, if other than the date of filing: (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 a Note: If the date inserted in this block does not meet the applicable statutory tiling requirements, this document's effective date on the Department of State's records.	nal) filing.) Pursuant to 605.0 date will not be listed	207 (3 Xb) as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) record is filed.	The 90th day after t	he
Dated		
Signature of a member or authorized representative of a member	 .	
OSMIL LOPEZ SOSA		
Typed or printed name of signee		