9/6/24, 1:35 PM

Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)517-6383

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 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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K. Brumble)

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.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 04/12/2024	and assigned	
Florida document number L24000174058			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:	6303 BLUE LAGOON DRIVE		
(Principal office address MUST BE A STREET ADDRESS)	SUITE 400		
	MIAMI, FL 33126		
Enton nove malling address (for all 1)	9640 NW 2ND STREET		
Enter new mailing address, if applicable:	UNIT 5 - APT 107		
(Mailing address MAY BE A POST OFFICE BOX)	PEMBROKE PINES, FL 33024		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the name	e of the new registered	
	Florida	<u> </u>	
	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:

<u>Title</u>	Name	Address	Type of Action
			
		□ Remove	
			Change
			DAdd
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		□Change	
			□Add

D. II au	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
, 101E.	ve date, if other than the date of filing:
f the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the ed.
Dated	08/22/2024
- 41741	Oran
	Signature of a member or authorized representative of a member
	OSMIL LOPEZ SOSA

Typed or printed name of signer