5/10/24, 4:11 PM



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORP Account Number : I2010000009 Phone : (305)599-0839 Fax Number : (305)592-9591

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MADRISIMO GLOBAL LLC

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T. LEMIEUX

Electronic Filing Menu Corporate Filing Menu

MAY 13 2024 Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MADRISIMO				
(Name of the Limited Lightlity Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	<del> </del>		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on MAY 03, 2024	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited limbi	lity company here:			
MADRIDISMO GLOBAL LLC				
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abl	reviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Putan and mothers and a second				
Enter new mailing address, if applicable:				
(Malling address MAY BE A POST OFFICE BOX)		2074		
	<u> </u>	<u> </u>		
	•	I		
B. If amending the registered agent and/or registered office ad	ldress on our records, enter the name	of the new registeres		
egent and/or the new registered office address here:	·	T,		
N				
Name of New Registered Agent:		<u> </u>		
New Registered Office Address:		£9		
	Enter Florida sirent 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 us 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
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			□Change
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		05/10/20			
Effective da	te, if other than the date	of filing:	.4	(optional)	
Note: If the	late inserted in this block do	ies not meet the armi	icable statutory filing	e than yu days after filing.) requirements, this date t	runtum to 605,0207 will not be listed as
document s 4	Rective date on the Departm	west of State's record	is.		
record speci	fies a delayed effective date,	but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The	90th day after the
rd is filed,					
Dated MAY	10, 2024				
	1) 1		<del>·</del>		

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