

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200003438213)))



H200003438213ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:		
	Division of	Corporations
	Fax Number	: (850)617-6380

From:

Account Name	: FASTKIT CORP
Account Number	: 12010000009
Phone	: (305)599-0839
Fax Number	: (305)592-9591

KUNITE.

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help

١.

· · .

Articles of	f Amendment
	to T
Articles of	Incorporation of
AGILE BUSINESS	S SERVICES, INC.
(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
P03000	0080438
(Document Number	r of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, th s Articles of Incorporation:	is Florida Profit Corporation adopts the following amendmen
 If amending name, enter the new name of the corporation: N/A 	
ame must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co". chartered," "professional association," or the abbreviation "P.A	A professional corporation name must contain the word
Enter new principal office address, if applicable:	N/A
Principal office address <u>MUST BE A STREET ADDRESS</u>)	
Fater new mailing address of applicables	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
	N/A
	N/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
(Mailing address MAY BE A POST OFFICE BOX)	dress in Florids, enter the name of the
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	dress in Florids, enter the name of the
(Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	dress in Florids, enter the name of the
(Mailing address <u>MAY BE A POST OFFICE BOX</u>) <u>If amending the registered agent and/or registered office address</u> <u>new registered agent and/or the new registered office address</u> <u>Name of New Registered Agent</u>	dress in Florids, enter the name of the
(Mailing address <u>MAY BE A POST OFFICE BOX</u>) <u>If amending the registered agent and/or registered office address</u> <u>new registered agent and/or the new registered office address</u> <u>Name of New Registered Agent</u>	dress in Florida, enter the name of the ss:
(Mailing address <u>MAY BE A POST OFFICE BOX</u>) <u>If amending the registered agent and/or registered office address</u> <u>new registered agent and/or the new registered office address</u> <u>Name of New Registered Agent</u> <u>N/A</u> (Florida s.	dress in Florida, enter the name of the ss: meet address)
(Mailing address <u>MAY BE A POST OFFICE BOX</u>) <u>If amending the registered agent and/or registered office address</u> <u>new registered agent and/or the new registered office address</u> <u>Name of New Registered Agent</u> <u>N/A</u> (Florida s.	dress in Florida, enter the name of the ss: freel address) , Florida
(Mailing address <u>MAY BE A POST OFFICE BOX</u>) <u>If amending the registered agent and/or registered office address</u> <u>new registered agent and/or the new registered office address</u> <u>Name of New Registered Agent</u> <u>N/A</u> (Florida s. <u>New Registered Office Address</u> : <u>New Registered Agent's Signature, if changing Registered Agen</u>	dress in Florida, enter the name of the ss: tree! address) (City) (Zip Code)
(Mailing address <u>MAY BE A POST OFFICE BOX</u>) <u>If amending the registered agent and/or registered office address</u> <u>new registered agent and/or the new registered office address</u> <u>Name of New Registered Agent</u> <u>N/A</u> (Florida s.	dress in Florida, enter the name of the ss: tree! address) (City) (Zip Code)
(Mailing address <u>MAY BE A POST OFFICE BOX</u>) <u>If amending the registered agent and/or registered office address</u> <u>new registered agent and/or the new registered office address</u> <u>Name of New Registered Agent</u> <u>NA</u> (Florida s. <u>New Registered Office Address</u> : <u>New Registered Agent's Signature, if changing Registered Agen</u>	dress in Florida, enter the name of the ss: tree! address) (City) (Zip Code)

:

Į

ŧ

1

Check if applicable

□ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add. Example:

X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change		N/A	
Add			
Remove			
2) Change	<u> </u>	N/A	
Add			
Remove 3) Change	<u> </u>	N/A	
Add			
Remove			
4) Change	<u>-</u> -	N/A	
Add			
Remove			
5) Change	·	N/A	
Add			
Remove			
റ Change		N/A	
Add			
Remove			

i

ì

.

÷

.

E.	If amending or adding additional Arti	icles, enter chappa(c) have
	(Attach additional sheets, if necessary)	Be maniful

N/A				_
·				
		······	·	
		· · · · · · · · · · · · · · · · · · ·		
<u>-</u> -				·····
			······································	
		<u> </u>		
<u>provisions</u>	dment provides for an e for implementing the a applicable, indicate N(A)	xchange, reclassificat mendment if not con	ion, or cancellation of is alned in the amendmen	isued shares. Clisself:
	applicable, indicate N/A ura Almeida 34% 1.020 S	,		
	ruz Moreira 10% 300 Sh			
· <u> </u>			·····	
·				
		······		

The date of each amendment(s) adoption:	
date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 da	ys after amendment file datej
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board action was not required.	f of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The num by the shareholders was/were sufficient for approval.	ther of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote s "The number of votes cast for the amendment(s) was/were suf	separately on the amendment(s):
by	
(voting group)	······································
05/10/2020 Dated	
Signature Qay	es tal
(By a director, president or other officer – if selected, by an incorporator – if in the hand appointed fiduciary by that fiduciary)	disectors or officers have not been s of a receiver, trustee, or other court
Carlos E	Inrique Cruz Moreira
(Typed or printed name o	f person signing)
	President
(Title of person signing)	

.

·

anna a sana anna an Marana an an anna anna an Anna an Anna anna Anna a taona anna Anna a taona anna Anna Anna A