P17000019409

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c/ 3/10/2022

COVER LETTER

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION: FASTIFE DOCUMENT NUMBER: P170001	9409	ap INC
The enclosed Articles of Amendment and fee are sub-	omitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Fastlif 1949 NF NORTH M INFO & Fastli E-mail address: (to be us	Address City/ State and Zip Code FEAUTO MIA ed for future annual report	SROUP INC ST 33181
For further information concerning this matter, pleas		
IGNACIO MEJICI	at (30 S	, 316 6680
Name of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	irtment of State:
\$35 Filing Fee \$\Bigcup \Bigcup \square \text{S43.75 Filing Fee & Certificate of Status}	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amend Divisio	Address Iment Section on of Corporations entire of Tallahassee

Tallahassee, Fl. 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

Articles of Incorporation

2022 AUG 10 (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

 \square The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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)

Example:

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. President, Treasurer, Director would be PTD.

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.

X Change	<u>PT</u> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1)ChangeAdd	LEU	HENIN HIDALGO	1949 NE 148TH ST NORTH MIAMI, FL 331
Remove			
2) Change			
Add Remove 3) Change			
Add Remove			
4) Change			
Remove 5) Change			
Add Remove			
6) Change Add			
Remove			

mach <i>additiond</i>	idding additional Ar l sheets, if necessary)	. (Be specific)			
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an amendme	nt provides for an ex	change, reclassificat	ion, or cancenation	mont itself	
orovisions for	implementing the ar	mendment if not cont	tamen in the ament	ment nach	
(ij not app	licable, indicate N/A)				
				•	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable:</u> (no more than 90 days after amendme	nt tile dote)
Note: If the date inserted in this block does not meet the applicable statutory filing a document's effective date on the Department of State's records.	equirements, 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 of directors with action was not required.	nout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cas by the shareholders was/were sufficient for approval.	for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on the	The following statement camendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for appre	val
by	
(voting group)	
Dated	
Signature 16060 Meg 16	
(By a director, president or other officer - if directors or of	ficers have not been
selected, by an incorporator – if in the hands of a receiver, appointed fiduciary by that fiduciary)	trustee, or other court
TGNGCIO MENT (Typed or printed name of person ligni	<u>a</u>
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President	
(Title of person signing)	