PISCOCOALU

(Requestor's Name)	
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:Fast	Nerchant Solution corp				
DOCUMENT NUMBER: P1800	20021240				
The enclosed Articles of Amendment and fee are	submitted for filing.				
Please return all correspondence concerning this i	matter to the following:				
	Variate Person				
	Name of Contact Person				
	Firm/ Company				
SOO SU 132 terrace					
SCO SW 132 terrace Address Davie F1 33325 City/ State and Zip Code					
	Yanarelis Torrescagnail. con				
E-mail address: (to be	e used for future annual report notification)				
For further information concerning this matter, pl	ease call:				
Yamarelis Tarres	at (754) Z 4 8 Z 6 7 8 Area Code & Daytime Telephone Number				
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made	de payable to the Florida Department of State:				
\$35 Filing Fee \$Certificate of Status	÷ ·				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

Fast Mercha	t Solut	10n Corp iled with the Florida Dep	of State	··	
7180000 212 4	A COFFERING TO	ned with the Ptorida Dej	it. oi State)		
(Do	cument Number of Co	orporation (if known)			
Pursuant to the provisions of section 607,1006, Floits Articles of Incorporation;	orida Statutes, this <i>Fla</i>	orida Profit Corporation :	dopts the fo	llowing amendme	ent(s) to
A. If amending name, enter the new name of th	e corporation:				
				The new	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	orp," "Inc," or "Co	". A professional corpor			
B. Enter new principal office address, if applies	ıble:	Vamarelis	Tomes		
(Principal office address <u>MUST BE A STREET A</u>	(DDRESS)	300 Sw 132			
		Davie fi	3332	<u> </u>	٠.,
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>BOX</i>)			-2 R 33	?
D. If amending the registered agent and/or regi		in Florida, enter the na	me of the		
new registered agent and/or the new register	red office address:				
Name of New Registered Agent	Yamarelis	Torres			
	500 SW	132-terrace			
	(Florida str e et				
New Registered Office Address:	Davie		, Florida	33325	
	(Ci.	(v)	- × -	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	nt. I am familiar with				
S	ignature of New Regi	stered Agent, if changing			

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. 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	_P	Yamarelis Torks	500 SW 132 Terrace
<u></u> ✓ Add			Davir F1 33325
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

). (Be specific)			
Nin				
IN/H				
	-			

			<u> </u>	
				<u> </u>
			<u> </u>	
				
				
Con amondment consider to	change, reclassif	ication, or cancella	tion of issued share	<u>es,</u>
as amenoment provides for an ex-		contained in the am	enament itsett:	
provisions for implementing the an	endinent II not			
provisions for implementing the an (if not applicable, indicate N/A)				
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provisions for implementing the an (if not applicable, indicate N/A)				
or o				
(if not applicable, indicate N/A)				
or o				
or o				

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
Effective date <u>if applicable</u> : (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dat document's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s by the shareholders was/were sufficient for approval.)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	Γ
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Simulan	
Signature(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
(Title of person signific)	
(Title of person significa)	