page 1

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.

(((H20000341023 3)))



H200003419233ABCP

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 : I28100000009 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:
----------------

## COR AMND/RESTATE/CORRECT OR O/D RESIGN RMA FAMILY MARKET INC.

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

Y SUIKER OCT U . ZUZO

Electronic Filing Menu

Corporate Filing Menu

Help

## Articles of Amendment to Articles of Incorporation of

THE TWO THE CONTROLLED AND THE CONTROL OF THE CONTROL OF SPECIAL CONTROL OF CONTROL OF SECUNDARY CONTROL OF SECUND

iivame of Corporation at currently	y flied with the Florida Dept. of State)	
20000029041	Y med with the Plot has Dept. of State)	
(Document Number of	Corporation (if known)	
resuant to the provisions of section 607.1006, Florida Statutes, this A Articles of Incorporation:	Florida Profit Corporation adopts the following am	rend ment(
If amending name, enter the new name of the corporation:		
	The	. new
ime must be distinguishable and contain the word "corporation;" "co inc.," or Co.," or the designation "Corp," "Inc." or "Co". A hartered," "professional association," or the abbreviation "P.A."	ompany, " or "incorporated" or the abbreviation "	70m "
Enter new principal office address, if applicable:		
rincipal office address <u>MUST BE A STREET ADDRESS</u> )		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		 to
If a manding the problems of agent and/or maries at the second		ر <u>۔۔۔</u> این
If amending the registered agent and/or registered office address: registered agent and/or the new registered office address:	ss in Florida, enter the name of the	
Name of New Registered Agent		'
	et oddress)	• •
(Florida stree		
New Registered Office Address:	(in Code)	i-5

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:

والمنافرة والمنا

(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:

A_Cnange	PL	John Doc	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	VP	SALINA PERVEN, MOSAMMAT	1397 NW 36 ST
Add			MIAMI FL 33142
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	*****		
Add			
Remove			
6) Change			
Add			<del></del>
Remove			

	if necessary). (Be speci	change(s) here:		
·	, ,, (22 speed	1 T 7		
<del></del>				
		<del></del> -		
<del></del>				
			<del>_</del>	
	·			····
	•			
<del></del> -		<del></del>		
			<del>"</del>	
<del></del>			<del></del>	
				· <del></del>
		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
				<del></del>
	<del></del>		<del></del>	
_	t for an exchange recter	eifiantion on annuallat	67	
amendment provides	ling the amendment if no	t contained in the ame	ndment itself:	
insoul for imbiguest				
Ansoni for imbiguest	cate N/A)			
Ansoni for imbiguest	Icate N/A)			
Ansoni for imbiguest	cate N/A)			
Aisioni for imbiguesie	lcate N/A)			
Aisioni for imbiguesie	lcate N/A)			
Aisioni for imbiguesie	lcate N/A)			
amendment provides visions for implement (if not applicable, indi	lcate N/A)			
Aisioni for imbiguesie	icate N/A)			
Ansoni for imbiguest	icate N/A)			
Ansoni for imbiguest	lcate N/A)			
Aisioni for imbiguesie	icate N/A)			

Commence of the second of the

The date of each amendment(s) ado	ption:	_, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depa	ck does not meet the applicable statutory filing requirements, this date will a rement of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopte action was not required.	ed by the incorporators; or board of directors without shareholder action and s	hare holder
☐ The amendment(s) was/were adopted by the shareholders was/were suffice	ed by the shareholders. The number of votes cast for the amendment(s) cient for approvaL	
☐ The amendment(s) was/were approx must be separately provided for each	ved by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
09/30/2020		
Dated		
Signature Roo		
(By a direc	tor, president or other officer - if directors or officers have not been	
selected, by	y an incorporator - if in the hands of a receiver, trustee, or other court	
appointed	fiduciary by that fiduciary)	
мо	DHAMMAD ROB	
<del></del>	(Typed or printed name of person signing)	<del></del> ~
PRI	ESIDENT	
	(Title of person signing)	<del></del>