

# L15000115602

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : FASTKIT CORP  
Account Number : I20100000009  
Phone : (305)599-0839  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UREL, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
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TALLAHASSEE, FLORIDA

SEP 21 2015

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

UREL, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/09/2015 and assigned Florida document number L15000115602.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

232 Andalusia Ave, Suite 230

**(Principal office address MUST BE A STREET ADDRESS)**

Coral Gables

FL 33134

Enter new mailing address, if applicable:

232 Andalusia Ave, Suite 230

**(Mailing address MAY BE A POST OFFICE BOX)**

Coral Gables

FL 33134

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

GSDS REGISTERED AGENTS, INC

New Registered Office Address:

5600 SW 135th AVE, SUITE 202A

Enter Florida street address

MIAMI

City

Florida

33183

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 as 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

Page 1 of 3

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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

| <u>Title</u> | <u>Name</u>       | <u>Address</u>               | <u>Type of Action</u>                      |
|--------------|-------------------|------------------------------|--|
| MGR          | PEYRELLADE, JOSE  | 11600 NW 34 STREET,          | <input type="checkbox"/> Add               |
|              |                   | MIAMI, FL 33178              | <input checked="" type="checkbox"/> Remove |
|              |                   |                              | <input type="checkbox"/> Change            |
| MGR          | GONZALEZ, JUAN S. | 232 Andalusia Ave, Suite 230 | <input checked="" type="checkbox"/> Add    |
|              |                   | Coral Gables, FL 33134       | <input type="checkbox"/> Remove            |
|              |                   |                              | <input type="checkbox"/> Change            |
|              |                   |                              | <input type="checkbox"/> Add               |
|              |                   |                              | <input type="checkbox"/> Remove            |
|              |                   |                              | <input type="checkbox"/> Change            |
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|              |                   |                              | <input type="checkbox"/> Change            |
|              |                   |                              | <input type="checkbox"/> Add               |
|              |                   |                              | <input type="checkbox"/> Remove            |
|              |                   |                              | <input type="checkbox"/> Change            |
|              |                   |                              | <input type="checkbox"/> Add               |
|              |                   |                              | <input type="checkbox"/> Remove            |
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|              |                   |                              | <input type="checkbox"/> Add               |
|              |                   |                              | <input type="checkbox"/> Remove            |
|              |                   |                              | <input type="checkbox"/> Change            |

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

EIN Number: 47-4565784

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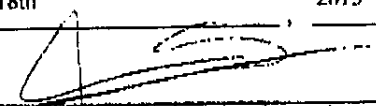
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated September 18th 2015

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Juan S. Gonzalez - Manager

\_\_\_\_\_  
Typed or printed name of signer

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