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ing approximate animate and the sign of the contract of the second sign of the second sig To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : FASTKIT CORP Account Number : I20100000009 : (305)599-0839 Fax Number : (305)592-9591 ć÷ **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 RESIGNS INVESTIGACION CIENTIFICA EN LA EDUCACION LLC Certificate of Status 0 Certified Copy Page Count 03 Estimated Charge \$25.00

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Help T. LEMIEUX AUG 15 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LNVESTIGA	CION CIENTIF	ICA EN LA EDUCA	ACION LLC			
(Name of the Limite	d Liability Comp A Florida Limited	uny as it now annear Liability Company)	s on our records.)			
The Articles of Organization for this Limited Lie	bility Company	y were filed on	02/04/2020	8	and as	signed
Florida document number L20000040591	,					
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liab	oility company her	<u>-e</u> :			
N/A						
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the de	signation "LLC" or	the abbrevia	ion "L.	L.C."
Enter new principal offices address, if applicable:		N/A				
(Principal office address MUST BE A STREET ADDRESS)		N/A				
	·	N/A				· <u>·</u>
Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A				
		N/A				
		N/A				
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office a here:	ddress on our rec	•	name of th	NIS I	registere
Name of New Registered Agent:	JOSE S. PUIG ESPINOSA			<u> </u>	2	
New Registered Office Address:	5201 BLUE LAGOON DRIVE SUITE 921			- ` =; :	PM 12	
•	MIAMI	Enter Florida	street address Florids	是五 33126年	ີ. 33	
and the same of th		City	riorids	Zip C	octe	
New Registered Agent's Signature, if changing Reg	distanced 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

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
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		N/A	☐Remove
		N/A	□Change
		N/A	
		N/A	□Remove □
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	· · · · · · · · · · · · · · · · · · ·	N/A	□Add
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N/A	r information, enter change(s) here: (Auach additional sheets, if necessary.)
	
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