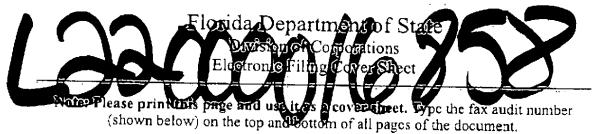
Division of Corporations



(((H23000259185 3)))



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From:

Account Name : FASTKIT CORP Account Number : I20100000009

and the extremely all grown that

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.\*\*

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1	·	TRANSLO					
	CNa	me of the Limited Liability (A Florida	ty Company as it now appears Limited Liability Company)	op our retords.)		<del></del>	
The.	Articles of Organization for t	i pis Limited Liability C	ompany were filed on Ol	/13/2022	a ni	d assigne	d.
	da document number 1.22000			·		o essigne	4
This	mendment is submitted to a	read the following:					
A. U	uneading name, enter the	new name of the limit	ted liability company her	<u>.e</u> :			
The m	name musi be distinguishable at	id contain the words "Limi	ted Liability Company," the de-	signation "LLC" or the	abbreviatio	o "L.L.C."	
ľ	new principal offices addr	!					
(Prin	cipal office address MUST B	E A STREET ADDRI	ESS)				<del></del>
	i	1					
	new mailing address, if ap						
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Matt	ing address MAY BE A POS mending the registered ag	T OFFICE BOX)	office address on our rec	ords, enter the nar	me of the	Construction of the constr	
Matt	1	T OFFICE BOX)	office address on our rec	ords, <u>enter the ps</u> i	_		stere
Matt	ing address MAY BE A POS mending the registered ag	TOPFICE BOX) ent and/or registered office address here:	office address on our rec	ords, <u>enter the pa</u> r	_		istere
Matt	mending the registered ag	TOFFICE BOX) ent and/or registered office address here: Agent:	office address on our rec	ords, <u>enter the par</u>	_	zew regi	: :
<i>(Matt</i>	mending the registered ag and/or the new registered of New Registered	TOFFICE BOX) ent and/or registered office address here: Agent:		ords, enter the psi	_	new (regi	;
<i>(M ott</i> B. If	mending the registered ag and/or the new registered of New Registered	TOFFICE BOX) ent and/or registered office address here: Agent:			_	25 FH 4: 30	;

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 hotified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

icr Mbr –	Manager Authorized Member		
ite	<u>Name</u>	Address	Type of Actio
LERM	NESTOR O DEVOTO	4995 NW 72 AVENUE SUITE 205 MIAMI, FL 3316	6 _ □Add
			_ ERemove
			_ DChange
MBR	GABY E VILLAGOMEZ	4995 NW 72nd Avenue, Suite #205 Miami FL 33166	_ 🛢 Add
			Remove
			_ Change
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D.	11	emending any other infor	mation, enter change(s) here: (Attach additional sheets, if necessary.)
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-		the trans owns intaction 12 miles	(optional) set be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
	æ in ord	ecord specifies a delayed effect is filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
		1324	
	D	ted 04/2/5/	
	*	X	
	1	A	Signature of a member or authorized representative of a member
	1	Nestor	Typed or printed name of signee