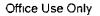
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(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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COVER LETTER

то:	Registration Section Division of Corporations
SUBJF	CCT: FASTTRACK ENTERPIRSES, LLC. Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Paul Lawrence Name of Person
	FASTTRACK ENTERPIRSES
	Firm/Company
	5736 Emina Ln
	Address
	Tallahasset, FL 32-317 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
<u>-</u> -	Paul Laurence at (250) 443-3272 Name of Person Area Code Daytime Telephone Number

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAST TRACK ENTERPIRSES, 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 Lia	bility Company were filed on _	7/03/2019	and assig	gned
Florida document number <u>L190001733</u>			19 SE SE	
This amendment is submitted to amend the follow	wing:	:		
A. If amending name, enter the new name of	the limited liability company l	here:		
FASTTRACK ENTERPRI			PH	;
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET)	ble:	designation "LLC" or the abb	oreviation."L.L.	C."
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u> </u>			
B. If amending the registered agent and/o registered agent and/or the new registered off	O .	on our records, <u>enter t</u>	the name of	f the 1
Name of New Registered Agent:				
New Registered Office Address:	Enter Fi	lorida street address	<u></u> .	
		, Florida		
	City		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 a 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 ador removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
President	Christina Blankenship	5736 Emma Ln	Q-Add
(AMBR)		5736 Emma Ln Tallahassee, FL 32317	Remove
			Change
			Remove
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E. Effect	ive date, if other than the date of filing: (optional)
Note:	ective 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). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	7/17/2019
	Dayl Jan
	Paul Las. Signature of a member or authorized representative of a member
	PAUL LAWRENCE
	Typed or printed name of signer

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

Page 3 of 3

Filing Fee: \$25.00