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(Address)				
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COVER LETTER

TO:	Registration Section Division of Corpo				
SUBJE					
		Name of Lim	ited Liability Company		
The end	closed Articles of Ar	nendment and fee(s) are sub	omitted for filing.		
Please i	return all correspond	ence concerning this matter	to the following:		
			Ray J Alexander		
			Name of Person		
Track Ventures LLC					
Firm/Company					
10309 Marchmont Coเ				t	
	Address				
	Tampa, FL 33626				
	City/State and Zip Code				
	ray@evannamaria.com E-mail address: (to be used for future annual report notification)				
For furt	her information cond	erning this matter, please c	_	,	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Ray J	Alexander	at (941)	704-2	
	Name of Pe	erson	Area Code &	Daytime Teleph	ione Number
Enclose	d is a check for the f	ollowing amount:			
\$25.	00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	<u> </u>	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS:		STREET/C	OURIER AD	DDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Track Ventures LLC		
(Name of the Limited Li (A F	iability Company as it now appears lorida Limited Liability Company)	on our records.	
The Articles of Organization for this Limited Liab Florida document number		4/12/2006 and assigned	
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	ne limited liability company here:		
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Compan	," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET .	· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered offic		r records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Ft-	Florida atrest address	
	Enter Florida street address		
		, 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 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

"MGR = Manager

MGRM = Managing Member **Title Type of Action** <u>Name</u> **Address** MGRM Annette Alexander 10309 Marchmont Court ✓ Add Tampa, FL 33626 Remove ☐ Add Remove \prod Add Remove □ Add Remove $\prod Add$ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated July 18th 2011 Signature of a member or authorized representative of a member Ray J Alexander Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00