

L11 000 005 747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

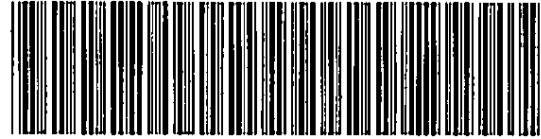
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/13/22--01013--003 **25.00

22 SEP 13 AM 11:53

Department of State
Bureau of Corporations

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: FASTLANE TRAFFIC SCHOOL, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SILVIA SEVILLA
Name of Person

FASTLANE TRAFFIC SCHOOL, LLC
Firm/Company

800 S CONGRESS AVENUE
Address

WEST PALM BEACH FL 33406
City/State and Zip Code

BAILBONDRELEASE CENTER @GMAIL.COM
E-mail address: (to be used for future annual report notification)

22 SEP 13 AM 11:53
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

MITCHELL KATZ at 954 345-8666
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FASTLANE TRAFFIC SCHOOL, 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 1/13/2011 and assigned Florida document number L11000005747.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

22 SEP 18 AM 11:53
DIVISION OF CORPORATE REGISTRATION

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:

SILVIA SEVILLA

New Registered Office Address:

800 S CONGRESS AVE

Enter Florida street address

WEST PALM BEACH

Florida 33406

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SILVIA SEVILLA	800 S CONGRESS AVE	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH FL 33406	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARLOS P SEVILLA	800 S CONGRESS AVE	<input type="checkbox"/> Add
		WEST PALM BEACH FL 33406	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

DIVISION OF CORPORATIONS
 22 SEP 13 PM 11:03

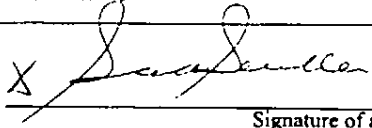
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 22 SEP 13 AM 11:53

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 6, 2022



Signature of a member or authorized representative of a member

SILVIA SEVILLA

Typed or printed name of signee