

LIS000100793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2021 OCT -7 PM 10:27

4/23

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TRACKER FREIGHT FORWARDING, 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:

CHRISTINE S. LADWIG

\_\_\_\_\_  
Name of Person

DUNLAP & SHIPMAN, P.A.

\_\_\_\_\_  
Firm/Company

2063 S COUNTY HWY 395

\_\_\_\_\_  
Address

SANTA ROSA BEACH, FL 32459

\_\_\_\_\_  
City/State and Zip Code

CHRISTINE@DUNLAPSHIPMAN.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTINE S LADWIG

850

231-3315

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

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2024 OCT -7 PM 10: 27

(A Florida Limited Liability Company)

JUNE 9, 2019

9, 2015- and as

\_\_\_\_\_ and as

420 W SHIPWRECK RD

SANTA ROSA BEACH, FL 32459

420 W SHIPWRECK RD

SANTA ROSA BEACH, FL 32459

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DUNLAP & SHIPMAN, P.A.

2063 S COUNTY HWY 395

Enter Florida street address

Florida 32459

Civ'

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*Zip Code*

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Zip Code \_\_\_\_\_

Chadwick

**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	BRYAN CUFF	420 W SHIPWRECK RD	<input type="checkbox"/> Add
		SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	MELANIE CUFF	420 W SHIPWRECK RD	<input type="checkbox"/> Add
		SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

[illegible]

**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 AUGUST 19 2024

Signature of a member or authorized representative of a member

**BRYAN CUFF, MANAGER**

Typed or printed name of signee

**Filing Fee: \$25.00**