

416000185235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

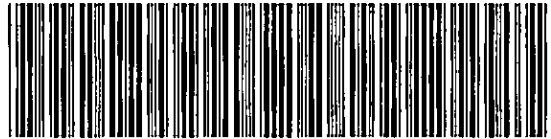
(Business Entity Name)

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FILED  
STATE OF TEXAS  
DIVISION OF CORPORATIONS  
18 JUL 12 AM 10:55

N COOPER

JUL 16 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: T.R.A.C.D. Records 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:

Mustafa Pierre Edme

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

T.R.A.C.D. Records LLC

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

17361 NW 7th Avenue, # 102

\_\_\_\_\_  
Address

Miami, FL 33169

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

tracdrecordsent@gmail.com

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

For further information concerning this matter, please call:

Mustafa Pierre Edme

305

8572714

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



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	Edme, Mustafa Pierre	17361 NW 7th Avenue, # 102	<input type="checkbox"/> Add
		Miami, FL 33169	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Ray, Felipe Jerome	1202 N 16 Ct	<input type="checkbox"/> Add
		Hollywood, FL 33020	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Michael, Maritza	17361 NW 7th Ave, # 102	<input type="checkbox"/> Add
		Miami FL 33169	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AM	Payne, Christopher Hugo	17361 NW 7th Ave # 102	<input type="checkbox"/> Add
		Miami, Florida 33169	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

18 JUL 12 AM 10:55

SECRETARY OF THE  
DIVISION OF POPULATION  
18 JUL 12 AH10:55

(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.

Dated July 5, 2018

M. G.

Mustafa Pierre Edme

Typed or printed name of signee