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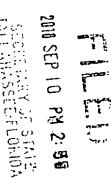
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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: ETRACK I		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		JULIO ARAUJO		
Name of Person				
TOTAL CORPORATION SERVICES, INC.				
	Firm/Company			
	63	355 NW 36TH ST SUITE	407	
		Address	<u> </u>	
	VI	RGINIA GARDENS, FL 3	3166	
	ase	City/State and Zip Code sor@corporacionesenusa		2018 555 155
	E-mail address: (to be used for future annual report notification)		SEP I	
For further information c	oncerning this matter, please ca	all:		SS O
JULI	O ARAUJO	305 871-	2525	
Name o	f Person	Area Code	Daytime Telephone Number	一般なる。 第一条
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ed) Certified C	of Status &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ETRACI	KLLC
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company vi Florida document number L16000203987 This amendment is submitted to amend the following:	vere filed on 11/07/2016 and assigned
•	
A. If amending name, enter the new name of the limited liabil	lity company here:
N/A	
The new name must be distinguishable and contain the words "Limited Liabilit	ty 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)	
Maning duaress MAT DE AT OST OFFICE DOM	-
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
	Florida To The Server
	City Zip Codle:
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	EYCON INC	6355 NW 36TH ST SUITE 407 VIRGINIA GARDENS.FL 33166	Add
		 	■ Remove
			Change
MGR	CRISTIAN A CURCIO	12 de Octubre 53 Piso 1 y 2 Bahia Blanca - Buenos Aires	≅ Add
		Argentina - CP8000	
			Remove
			Change
MGR	JUAN C CURCIO	12 de Octubre 53 Piso 1 y 2 Bahia Blanca -Buenos Aires	■ Add
MGR —		Argentina - CP8000	
			Remove
		Bahia Blanca -Buenos Aires	Charge T
			TO ES
	GR CRISTIAN A CURCIO		Remove (****
			10 m m
			□ Change
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			☐ Change

Effective date, if other than the date of filing:			
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Effective date, if other than the date of filing: (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed. Dated Signature of a member or authorized representative of a member			******
Effective date, if other than the date of filing:		<u> </u>	1
Effective date, if other than the date of filing:			F
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Dated Sintaber 33/9018 Signature of a member or authorized representative of a member	(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day Note: If the date inserted in this block does not meet the applicable statutory filing requirement	s after filing.) Pursuant to 605.0	
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7 () ()	Signature of a attember or authorized representative of a member		
	Typed or printed name of signee		

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Filing Fee: \$25.00