L17000057948

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COVER LETTER

	ation Section of Corporations
	GLE TRACK, LLC
SUBJECT:	Name of Limited Liability Company
	cles of Amendment and fee(s) are submitted for filing. orrespondence concerning this matter to the following:
1 loady lotal and	KIMBERLY MARENCO
	Name of Person
	DIFALCO & FERNANDEZ, LLLP
	Firm/Company
	777 BRICKELL AVE., SUITE 630
	Address
	MIAMI, FL 33131
	City/State and Zip Code
	KMARENCO@DIFALCOFERNANDEZ.COM E-mail address: (to be used for future annual report notification)
For further inform	ation concerning this matter, please call:
KIMBERLY MAI	RENCO 305 569-9800
1	Name of Person Area Code Daytime Telephone Number
Enclosed is a check	k for the following amount:
■ \$25.00 Filing 1	Fee U \$30.00 Filing Fee & U \$55.00 Filing Fee & U \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EAGLE TRACK, 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 $\frac{03/13/2017}{1}$ and assigned Florida document number L17000057948 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: EAGLE TRACK AND TRACE, LLC 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) B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			☐ Remove
			Change
			□ Remove
			Change
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ective date, if other to effective date is listed, the e: If the date inserted ument's effective date	e date must be specific as in this block does not	nd cannot be prior to meet the applical	o date of filing or m ole statutory filin	(option ore than 90 days after the grequirements, this	nal) filing.) Pursuant to 6	05.020
record specifies a ne 90th day after			an effective t	me, at 12:01 a	.m. on the ear	lier o
June 6	-A	7' 2017	_·			
				of a member		

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Filing Fee: \$25.00