117000059181

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COVER LETTER

TO: Registration Division of C	Section orporations	•			
MAILTR SUBJECT:	ACKSALLLC		÷*		
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	Matt Cetta				
		Name of Person			
		Firm/Company			
	1101 S Belcher Rd. Suite	FI			
		Address			
	Largo, FL 33771				
	City/State and Zip Code mcetta@gosbsit.com				
	E-mail address: (to be used for future annual report notif	fication)		
For further information	concerning this matter, please c	all:			
Matt Cetta		727 6980720			
Name	of Person	at () Area Code Daytimo	e Telephone Number		
Enclosed is a check for	the following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre		Street Address:	.:		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAILTRACKSALLLC

(Name of the Limited (A	Liability Comp. Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liab Florida document number L17000059181	ility Company	were filed on <u>03/14/2017</u>	and assigned		
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	e limited liab	oility company here:			
The new name must be distinguishable and contain the word	s "Limited Liabi	ility Company," the designation "LLC" or	the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		1101 S. Belcher Rd. Suite F1			
(Principal office address MUST BE A STREET ADDRESS)		Largo, FL 33771			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1101 S. Belcher Rd. Suite F1 Largo, FL 33771			
B. If amending the registered agent and/or registered office address hagent and/or the new registered office address had not be not new Registered Agent:	stered office a <u>ere</u> :	address on our records, enter the	FC -3		
_	101 S. Belcher	r Rd. Suite F1	F S IS		
ren registere office Address.		Emer Florida street address	PH 12: 04		
<u>t</u>	.argo	, Florid:			
		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 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>	Address	Type of Action
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			□Change
			□Add
			□Remove
			□Change
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			□Remove
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ocument's effect	ive date on the D	Department of Stat	e s records.				
record specifies l is filed.				at 12:01 a.m. on	the earlier of: (b) The 90th day af	ter the
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ated	<i> 13:</i> 	2 /3021. Signature of a men	abe or authorize	d remesentative of	`a member		

Filing Fee: \$25.00