# 118000042970

(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Emity Name)				
(Document Number)	_			
Certified Copies Certificates of Status				
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## **COVER LETTER**



SUBJECT: <u>Fast Trax Entertainment</u> Name of Limited Liability Company	
rame of infinite intentity company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Patrick Cinjello Name of Person	
Firm/Company	
14513 Global Parkway	
Fort Myrs FL 33913 City/State and Zip Code	
PATE BOWL AND CFNTERS. COM  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Joseph M. Madden Jr (239) 332-2-100	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	atus &

## MAILING ADDRESS:

**Registration Section** 

TO:

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

- tast wax E	Entertainment LLC
( <u>Name of the Limited Liability</u> (A Florida I.	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number LIFDOW 42970	mpany were filed on
-	<del>:</del>
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u>2</u> 7
	<u>ب</u> ب
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
	<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office addre	ered office address on our records, enter the name of the new ess here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	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 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>	Type of Action
MGRM	Alisa Ciniello	14513 Global PKWY	
		Forl Myers, FL 33913	Remove
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more	(optional) re than 90 days after filing.) Pursuant to 605.02
<u>'ote:</u> If the date inserted in this block does not meet the applicable statutory filing ocument's effective date on the Department of State's records.	
realisent's effective date of the Department of State's fectords.	
e record specifies a delayed effective date, but not an effective tir	me at 12:01 a.m. on the earlier
The 90th day after the record is filed.	may at 12.01 a.m. on the came.
ated October 10 , 2018.	
Signature of a member or authorized representative o	of a member
Patrick Cincello uga Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00