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2020 JUH -5 PH 4: 39

Amend

JUN 22 ZOZZ I ALBRITTON

COVER LETTER

TO: Registration Division of C		-	i
On Track	Marketing Consultants, LLC	•	-
	Name of Lir	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.	
	pondence concerning this matter		
	Janet Bronte		
		Name of Person	
	On Track Marketing Cons	ultants, LLC	
		Firm/Company	
	11986 Booth Avenue		
		Address	
	Port Charlotte, FL 33981		
		City/State and Zip Code	
	JanetBronte@gmail.com	to be used for future annual report note	
For further information	concerning this matter, please c		ncation)
	concerning this matter, prease c	ai);	
Janet Bronte		407 375-5598 at ()	
Name	of Person	Area Code Daytime	e Teiephone 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 Addre	iss:	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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	OF	
		D3 26 3
On Track Marketing Con	sultants, LLC	Nour records.) Ols and assigned
-	f the Limited Liability Company as it now appears on a (A Florida Limited Liability Company)	our records.)
	(A Florida Limited Liability Company)	F.
The Articles of Organization for this L	Limited Liability Company were filed on 06/11/20	ond assigned
		and assigned
lorida document number [1.180001426]	739	
This amendment is submitted to amen	d the following:	
v. If amending name, <u>enter the new</u>	v name of the limited liability company here:	
he new name must be distinguishable and co	ontain the words "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address,	if applicable:	
Principal office address MUST BE 2	4 STREET ADDRESS)	
Inter new mailing address, if applic	eable:	
Mailing address MAY BE A POST (OFFICE ROX)	
runng uduress Mill DE A FOST	THE BONY	
	and/or registered office address on our record	ls, enter the name of the new registered
gent and/or the new registered offi	ce address here:	
Name of New Registered Ag	vent:	
rame or ries regimered re		
New Registered Office Addr	ress:	
New Registered Office Addr	Enter Florida str	vet address
New Registered Office Addr	ess: Enter Florida str	vet address

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, <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
AMBR	COGHILL, THOMAS E., SR	133 SE 18TH AVENUE	
		DEERFIELD BEACH, FL 33441	
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			Change
			□Add
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Filing Fee: \$25.00