L19000064563

| (Requestor's Name) |
|---|
| (Address) |
| (1.00.000) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

TO:

| TO: Registration Se Division of Cor | | | |
|--|---|---|--|
| COMPTRI | EK, LI ₂ C. | | |
| SUBJECT: | Name of Lim | nted 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: | |
| | RICHARD J RUBINO | | |
| | | Name of Person | · |
| | COMPTREK, LLC. | | ;~; |
| | | Firm/Company | 7 00 78 P |
| | 2525 N WOODLAND BL | VD | 5: |
| | | Address | |
| | DELAND, FL 32720 | | |
| | | City/State and Zip Code | 2: 20 |
| | COMPTREKLLC@GMAII | LCOM to be used for fitture annual report notification) | |
| For further information of | concerning this matter, please co | | |
| RICHARD RUBINO | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 386 561-1889 | |
| | of Person | at () Area Code Daytime Telephone No | unsher. |
| Name | A I CIM/II | raca code Dayane receptione to | unice |
| Enclosed is a check for t | he following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30,00 Filing Fee & Certificate of Status | Certified Copy Certadditional copy is enclosed) Cer | 00 Filing Fee, tiffcate of Status & tiffed Copy litional copy is enclosed) |
| Mailing Address Registration 5 Division of C P.O. Box 632 Tallahassee, | Section Forporations 27 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Su Tallahassee, FL 32303 | ite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| COMPTREK, LLC. | | |
|---|--|---|
| (Name of the Lin | nited Liability Company as it now appears on our record (A Florida Limited Liability Company) | <u> </u> |
| - | Liability Company were filed on 03/06/2019 | and assigned |
| lorida document number <u>L19000064563</u> | | |
| his amendment is submitted to amend the fo | llowing: | |
| . If amending name, enter the new name | of the limited liability company here: | |
| | | r a |
| ne 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 appl | icable: | <u> </u> |
| Principal office address MUST BE A STRE | ET ADDRESS) | |
| | | 7. |
| | | 12 |
| nter new mailing address, if applicable: | | ည |
| | T. BANG | |
| Mailing address MAY BE A POST OFFICE | E BUA) | |
| | | |
| k. If amending the registered agent and/or | registered office address on our records, enter | the name of the new regist |
| gent and/or the new registered office addr | | the name of the new regist |
| | | |
| Name of New Registered Agent: | TIMOTHY HECKAMAN | |
| New Registered Office Address: | | |
| | Enter Florida street addres | 3 |
| | Fi | orida |
| | 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 | RICHARD J RUBINO | 2525 N WOODLAND BLVD | |
| | | DELAND, FL 32720 | ■Remove |
| | | | □Change |
| MGRM | TIMOTHY HECKAMAN | 2525 N WOODLAND BLVD | = Add |
| | | DELAND, FL 32720 | □Remove |
| | | | □Change |
| | | | □Add |
| | | | ☐Remove |
| | | · | , □ Change |
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| | | | □Change |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (optional) (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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the record is filed. Dated ___ 2020 Signature of a member or authorized representative of a member RICHARD J RUBINO

Typed or printed name of signee