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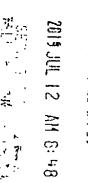
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COVER LETTER

то:	Registration Se Division of Cor			
SUBJE		CK BOOKKEEPING LLC		
SUBJE.	CI	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	indence concerning this matter	to the following:	
		DARRYL CORTEZ		
			Name of Person	
		FAST TRACK BOOKKE	EPING LLC	
			Firm/Company	
		1900 W OAKLAND PAR	K BLVD PO BOX #6134	
			Address	
		FORT LAUDERDALE, F	L 33310	
		FASTTRACKBK@GMAH	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	titication)
For furt	her information c	oncerning this matter, please ca	ail:	
DARR	YL CORTEZ		305 323-2785	
	Name o	of Person		me Telephone Number
Enclose	ed is a check for the	he following amount:		
■ \$25	5.00 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 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

FAST TRACK BOOKKEEPING 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 Compar	array filed on 6/5/2019	and accionad	
Florida document number L19000149310	ny were med on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC"	or the abbreviation (L.L.C."	
Enter new principal offices address, if applicable:		2	
(Principal office address MUST BE A STREET ADDRESS)		4.3	
		Ny 0	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	- -		
			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h Name of New Registered Agent:		enter the hame of the new	
New Registered Office Address:			
The Manager of the Ma	Enter Florida street address	·	
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agen	nt:		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	te performance of my duties, an is provided for in Chapter 605, I	d I am familiar with and F.S. Or, if this document is	
	hanging Registered Agent, <u>Signature o</u>		

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
MGR	DARRYL CORTEZ		
			□ Remove
		9410 S MEADOWS CIR MIRAMAR, FL 33025	☐ Change
MGR	ALEXIS DAGER		
		5950 SW 172 AVE SOUTHWEST RANCHES, FL 3	
		<u></u>	100
			☐ Change
			D.Rembye
			∴ Change
			Remove
			☐ Change
			Add
			Remove
			Change
			□ Remove
			Change

AS REQUESTED ABOVE.	PLEASE REMOVE	E MANAGER	ALEXIS DAG	ER	
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fective date, if other than the n effective date is listed, the date mu	date of filing: st be specific and cann	not be prior to da	nte of filing or mor	(opti e than 90 days after	onal) · filing.) Pursuant to 605.020
ote: If the date inserted in this becument's effective date on the I	lock does not meet t	the applicable	statutory filing	requirements, thi	s date will not be listed a
cument's effective date on the E	epartment of State	s records.			
record specifies a delaye	d effective date	, but not ar	n effective tir	ne, at 12:01 a	a.m. on the earlier o
The 90th day after the re	ord is filed.				
IIII V STU	20	019			
ited		·			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00