

L19000 149310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

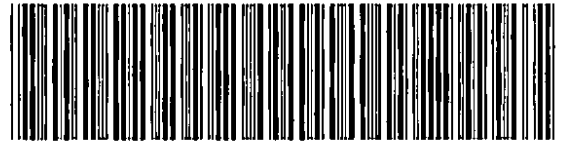
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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JUL 19 2019

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FAST TRACK BOOKKEEPING LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DARRYL CORTEZ

\_\_\_\_\_  
Name of Person

FAST TRACK BOOKKEEPING LLC

\_\_\_\_\_  
Firm/Company

1900 W OAKLAND PARK BLVD PO BOX #6134

\_\_\_\_\_  
Address

FORT LAUDERDALE, FL 33310

\_\_\_\_\_  
City/State and Zip Code

FASTTRACKBK@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DARRYL CORTEZ

305

323-2785

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone 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 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

## Page 1 of 3

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>	<u>Type of Action</u>
MGR	DARRYL CORTEZ		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		9410 S MEADOWS CIR MIRAMAR, FL 33025	<input checked="" type="checkbox"/> Change
MGR	ALEXIS DAGER		<input type="checkbox"/> Add
		5950 SW 172 AVE SOUTHWEST RANCHES, FL. 33331	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FEB 12 2019  
FEB 12 2019

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

AS REQUESTED ABOVE, PLEASE CHANGE THE ADDRESS FOR MANAGER DARRYL CORTEZ

AS REQUESTED ABOVE, PLEASE REMOVE MANAGER ALEXIS DAGER

FILED  
2019 JUL 12 AM 8:48  
FBI

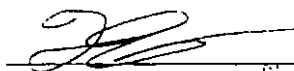
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(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 JULY 5TH , 2019



Signature of a member or authorized representative of a member

DARRYL CORTEZ

Typed or printed name of signee