

L19000269312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

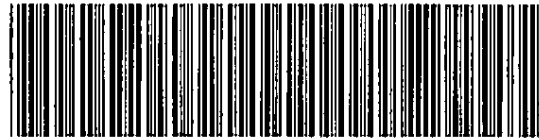
(Document Number)

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2021 MAR -3 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FL

3/3/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FASTTRAC, 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:

AARON CLARKE

Name of Person

FASTTRAC, LLC

Firm/Company

600 SOUTH LAKE DASHA DRIVE

Address

PLANTATION, FL 33324

City/State and Zip Code

AARONCLARKE305@GMAIL.COM

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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 Address:
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

FILED

2021 MAR -3 PM 2:31

FASTTRAC, LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records) PLANTATION, FL
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/28/2019 and assigned
Florida document number L19000269312.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The 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 applicable:

600 SOUTH LAKE DASHA DRIVE

(Principal office address MUST BE A STREET ADDRESS)

PLANTATION, FL 33324

Enter new mailing address, if applicable:

600 SOUTH LAKE DASHA DRIVE

(Mailing address MAY BE A POST OFFICE BOX)

PLANTATION, FL 33324

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

AARON CLARKE

New Registered Office Address:

600 SOUTH LAKE DASHA DRIVE

Enter Florida street address

PLANTATION

City

Florida 33324

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 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> |
|--------------|--------------------|----------------------------|--|
| AMBR | WHIPPLE, DERRICK D | 6337 DEKEON DRIVE | <input type="checkbox"/> Add |
| | | COLLEGE PARK, GA 30349 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | WHIPPLE, YAMIA K | 6337 DEKEON DRIVE | <input type="checkbox"/> Add |
| | | COLLEGE PARK, GA 30349 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AP | ROMANELLO, TRACY S | 600 SOUTH LAKE DASHA DRIVE | <input type="checkbox"/> Add |
| | | PLANTATION, FL 33324 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| AMBR | CLARKE, AARON B | 600 SOUTH LAKE DASHA DRIVE | <input type="checkbox"/> Add |
| | | PLANTATION, FL 33324 | <input type="checkbox"/> Remove |
| | | (OWNER) | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

[illegible]

Effective date, if other than the date of filing: _____ (specify)
(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)

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.

1



attest my hand and the seal of my office on the above date.

AARON CLARKE

Typed or printed name of signee