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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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01/23/23--01095--029 **25.00

TO: Registration Section Division of Corporations	OVER LETTER	
SUBJECT: Thack Realing Name of Limited	Dability Company	
The enclosed Articles of Amendment and fee(s) are submitted. Please return all correspondence concerning this matter to t		
Toda Ma	Name of Person	
- Tmack (Zealty LC	
2101 Marin	er Blud Address Ta Rathoon 34600	
	City/State and Zip Code c used for future annual report notification)	
For further information concerning this matter, please call:	Susce for funde united report non-teation,	
Todd Mack. Name of Person	at 350 573 - 7705 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 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	Street Address: Registration Section Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Track Real	Company as it now appears on our records.) mit (d)Liability Company)
	npany were filed on $\frac{682026}{82026}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
The new name must be distinguishable and contain the words "Limited	1 Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)	SS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	. 2
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 Type of Action Title Name **Address** Todd Mack 2101 Mariner Bluck Made Spring HII In 34609 = Remove □Change mar Lori Risser 2101 Mariner Blue Dada (Duplicate Entry) Spring Hill FR 34609 Remove _____ □Change Remove _____ Change _____ □ Add

___ Change

				
				
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ctive date, if other than the date of filing:	to date of filing or r	top nore than 90 days at	t ronar j ter filing.) Pursu	ant to 605.02
2: If the date inserted in this block does not meet the applic iment's effective date on the Department of State's records.	able statutory filir	ng requirements, t	his date will no	ot be listed
•				
ord specifies a delayed effective date, but not an effective ti- filed.	me, at 12:01 a.m.	on the earlier of:	(b) The 90th	day after th
January 12. 202	3			

Filing Fee: \$25.00