

L24000065209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

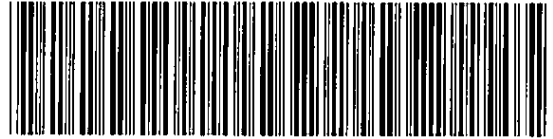
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 FEB 21 AM 8:21
STATE
CLERK

107 210

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRACKER SELLERS 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:

GABRIEL E MAMUD

Name of Person

TRACKER SELLERS LLC

Firm/Company

3537 WILES RD APT 304

Address

COCONUT CREEK, FL 33073

City/State and Zip Code

AMAZONSELLERCORPORATION@GMAIL.COM

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

For further information concerning this matter, please call:

GABRIEL MAMUD

954

274-3674

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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FILED

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>	<u>Type of Action</u>
AMBR	GABRIEL E MAMUD	3537 Wiles Rd apt 304 Coconut Creek, FL 33073	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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STATE OF FL
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

EIN must to be 99-1210961

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STATE
FILE

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 February 13, 2024 2:00 PM

Signature of a member or authorized representative of a member

GABRIEL E. MAMUD

Typed or printed name of signee