L2400065209

| (Re | equestor's Name) | |
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| (Ac | ddress) | |
| (Ac | idress) | |
| (Ci | ty/State/Zip/Phone | e #) |
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| PICK-UP | MAIT | MAIL |
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| (Bu | isiness Entity Nan | ne) |
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| (Do | ocument Number) | |
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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: |] |
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COVER LETTER

| TO: Registration Se Division of Cor | | 7 |
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| | R SELLERS LLC | |
| SUBJECT: | Name of Limited Liability Company | • |
| The enclosed Articles of | f Amendment and fee(s) are submitted for filing. | |
| Please return all correspo | ondence 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 e | concerning this matter, please call: | |
| GABRIEL MAMUD | 954 274-3674 at () | ~2 |
| Name o | of Person Area Code Daytime Telephone Number | 7874 FEB |
| Enclosed is a check for th | | 297 |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, 1 Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy Certified Copy (additional copy is enclosed) | 2 |

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

| TRACKER SELLERS LLC | | |
|--|---|---------------------------------------|
| (Name of the Limited Liability Company (A Florida Limited Lia | as it now appears on our records.) ibility Company) | |
| The Articles of Organization for this Limited Liability Company we Florida document number <u>L24000065209</u> . | vere filed on 8:00 AM February 5, 2024 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabili | ty company here: | |
| The new name must be distinguishable and contain the words "Limited Liability | Company," the designation "LLC" or the abb | reviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| Huning duaress PIAT DE AT (AST OTTTCE BON) | | |
| B. If amending the registered agent and/or registered office ad | dress on our records, enter the name | of the new register |
| agent and/or the new registered office address here: | ? | FEE 2 |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Elevida et est elleren | <u> </u> |
| | Enter Florida street address | 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| | Florida | |

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.

City

Zip Code

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 |
|--------------|-----------------|---|----------------|
| AMBR | GABRIEL E MAMUD | 3537 Wiles Rd apt 304 Coconut Creek, FL 33073 | = Add |
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| fective date, if other than the date of filing: _ | | <u>, </u> | | _ (optiona | l) | |
| in effective date is listed, the date must be specific and can be: If the date inserted in this block does not meet cument's effective date on the Department of State | the applica | | | | | |
| ecord specifies a delayed effective date, but not an is filed. | effective tin | ne, at 12:01 a. | m. on the earlie | er of: (b) | The 90th da | ıy after th |
| February 13, 2024 2 | 1:00 PM | | | | | |
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Typed or printed name of signee