

L240000138684

(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



600436448346

10/17/24--01014--004 \*\*7.50

09/17/24--01016--001 \*\*92.50

10/17/24  
KH

**FILED**  
2024 OCT -7 PM 1:45  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Fast Track Livescan & Notary, 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:

Jessica Martin  
Name of Person

Drip Unlimited LLC  
Firm/Company

3003 St. John Dr.  
Address

Clearwater, FL 33759  
City/State and Zip Code

jmartin@dripunlimited.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Martin at (901) 240-9790  
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)

*\$52.50 paid on 9/11/24  
Additional \$7.50 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

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 OCT - 7 PM 1:45

FILED

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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

The Articles of Organization for this Limited Liability Company were filed on 03/20/2024 and assigned Florida document number 424000138684

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:

(Principal office address MUST BE A STREET ADDRESS)

912 Drew St.  
Suite 202 #1022  
Clearwater, FL 33755

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

912 Drew St.  
Suite 202 #1022  
Clearwater, FL 33755

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:

April Scheuer

New Registered Office Address:

624 Wells CT #402

Enter Florida street address

Clearwater, Florida 33756

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.

April Scheuer  
If Changing Registered Agent, Signature of New Registered Agent

2024 OCT 11 PM 1:45  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

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>
<u>MGR</u>	<u>Morris, Christina M</u>	<u>2722 Via Tivoli unit 481B</u>	<input type="checkbox"/> Add
		<u>Clearwater, FL 33764</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Martin, Jessica</u>	<u>912 Drew St.</u>	<input type="checkbox"/> Add
		<u>Suite 202 #1022</u>	<input type="checkbox"/> Remove
		<u>Clearwater, FL 33755</u>	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add

FILED  
2024 OCT 7 PM 1:45  
TALLAHASSEE, FL  
SECRETARY OF STATE

1

(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.

Dated October 4, 2024

Signature of a member or authorized representative of a member

Jessica Martin

Typed or printed name of signee

**Filing Fee: \$25.00**

2024 OCT -7 PM 1:45  
SECRETARY OF STATE  
TALLAHASSEE, FL

1  
 2  
 3  
 4