## m09000001868

•		
(Request	or's Name)	
(Address	) .	
(Address	)	
(City/Stat	e/Zip/Phone #	<i>y</i> )
PICK-UP	] WAIT	MAIL
(Busines	s Entity Name	)
(Docume	nt Number)	
Certified Copies	Certificates o	f Status
Special Instructions to Filing	Officer:	

Office Use Only



700248538587

06/12/13--01007--011 \*\*60.00



JIN 13 2013 O. BUTLER

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SURIECT

Maintrack 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:

Claudio Beggi

Name of Person

Firm/Company

185 SE 14th Terrace Suite 2612

Address

Miami, FL 33131

City/State and Zip Code

cbeggi@gmail.com

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

For further information concerning this matter, please call:

Claudio Beggi

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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. Maintrack LLC			
(Name of the Limite	<b>d Liability Compa</b> A Florida Limited I	ny as it now appears on our records.) Liability Company)	PA T
The Articles of Organization for this Limited I Florida document number M090000186	and assigned State Control		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
N/A			
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ted Liability Company," the designation	n "LLC" or the abbreviation
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:	2.2016	N/A	
(Mailing address MAY BE A POST OFFICE	<u>: BOX)</u>		
B. If amending the registered agent and registered agent and/or the new registered of			er the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:	- <del>-</del>		
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title -	Name	Address	Type of Attion
MGRM	Claudio Beggi	185 SE 14th Terrace 2612	Andel
		Miami, FL 33131	Remove -
			4: 23
<del></del>		· · · · ·	Add
			Remove
			Add
			Remove
			_
			_ L Add
			Remove
			_ _
<del></del>			Add
			Remove
			_
<del></del>			Add
			_ Remove
			_

D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
***	
-	
-	
- Dated	06/05/2013.
	Signature of a member or authorized representative of a member
	Enzo Bartoli
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

13 JUN 12 PM 4: 23