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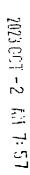
(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

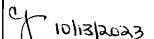
Office Use Only



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COVER LETTER

	Registration Se Division of Cor			
SUBJEC	T.	ESS, LLC.		
SUBJEC	. 1 :	Name of Limi	ited Liability Company	
The enck	osed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		SEGUNDO F PICO		
 			Name of Person	
		RUNEXPRESS, LLC.		
			Firm/Company	
12317 SW 204TH TERRACE				
			Address	
MIAMI, FL 33177 ——————————————————————————————————				
			City/State and Zip Code	
For furthe	er information c	E-mail address: (t oncerning this matter, please ca	o be used for future annual report notificatel:	ation)
	DO PICO		305 785-1521	
Name of Person		l'Person		Celephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	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			Street Address: Registration Secti	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2023 007 -2 AH 7:57

RUNEXPRESS, LLC.

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

(A Florida Limit	ed Liability Company)		, "
The Articles of Organization for this Limited Liability Comparison for the Limited Liability Comparison $\frac{1.21000301144}{1.21000301144}$	any were filed on $\frac{06/30/20}{}$	21	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company here:		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designat	on "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ce address on our record	s. <u>enter the nam</u>	e of the new registe
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str	vet address	
		Florida	
	Ciţv		Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		

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 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>	Name	Address	Type of Action
			DAdd
			□Remove
			□ Change
			□Remove
			□Change
			□Add
			□Remove
		-	☐ Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
		-	□Change
			□Add
			□Remove
			FIC harves