L0600081465

(R	equestor's Name)	
	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nam	e)
(D	ocument Number)	
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COVER LETTER

TO:	Registration Se Division of Cor			•
CUBIE	Runcentral,	LLC		
SUBJE	UI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Carlos M. Perez		
			Name of Person	
		Runcentral, LLC		
			Firm/Company	
		1172 S Dixie Highway Sui	ite 521	
			Address	
		Coral Gables, FL 33146		
		• " ' '	City/State and Zip Code	
		cperez@runcentral.com		
		E-mail address: (to be used for future annual report notific	cation)
For furth	ner information co	oncerning this matter, please ca	all:	
Carlos l	M. Perez		305 668-5801 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e 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

(Name of the Limited Liability Compa (A Florida Limited	
	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L06000081465</u> .	were filed on 8/17/2006 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
•	<u>e</u> :
Name of New Registered Agent:	<u>e</u> :
	Enter Florida street address
Name of New Registered Agent:	Enter Florida street address , Florida
Name of New Registered Agent:	Enter Florida street address, Florida City Zip Code

Page 1 of 3

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>	Address	Type of Action
MGR	Carlos M Perez	1172 S Dixie Highway	
		Suite 521	Remove
		Coral Gables, FL 33146	Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
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			AND PREMOVE
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	Page 2 o	of 3	OF STATE ORIDA

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ropord appoiding a delever	d effective date, but not an effective time, at 1	12:01 a.m. on the earlier
	ora is mea.	
he 90th day after the rec	2016	
he 90th day after the rec		2019
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Page 3 of 3

Filing Fee: \$25.00