## L0900013301

(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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JUN 10 2019

## **COVER LETTER**

Div	ision of Cor	porations		
SUBJECT:	RunBrook,	LLC		
30031.01.		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter	_	
		Gaida Zirkelbach		
		RunBrook, LLC	Name of Person	
		313 Datura St. Suite 200	Firm/Company	<del></del>
		West Palm Beach, FL 3340	Address	
		gaida@runbrook.com	City/State and Zip Code	
For further in	nformation c	E-mail address: ( oncerning this matter, please ca	to be used for future annual report notifi all:	cation)
Gaida Zirkel	bach		561 676-3801	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
<b>⊠</b> \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

RunBrook, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records,) liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 02/10/2009	and assigned
Florida document number 109000013301		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	百百五十二
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	sabbreviation "LE6."
Enter new principal offices address, if applicable:	313 Datura St. Suite 200	199 <b>2</b> 0
(Principal office address MUST BE A STREET ADDRESS)	West Palm Beach, FL 33401	6. 6. 10. 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	313 Datura St. Suite 200 West Palm Beach, FL 33401	
3. If amending the registered agent and/or registered of		er the name of the ne
	<del>.</del>	
Name of New Registered Agent:		
New Registered Office Address:	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 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 Changing Registered Agent, Signature of New Registered Agent

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
			□ Remove
			☐ Change
			Add
			Remove
			Part on mid
			Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
			□ Add
			□ Remove
			□ Change

Effective date, if other than the date of filing:  (optional)  (fan 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 605.020 Moster. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed adocument's effective date on the Department of State's records.  The 90th day after the record is filied.  Dated  May 22  2019  Signature of a member or authorized represemptive of a member.			
Effective date, if other than the date of filing:  [In 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 605.025 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records.  The 90th day after the record is filied.  [May 22 2019]			
Effective date, if other than the date of filling:  [In 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 605.028 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.  The 90th day after the record is filed.  Dated  May 22  [May 22]  [Optional]  [Optional			
Effective date, if other than the date of filing:  [In 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 605.025 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records.  The 90th day after the record is filied.  [May 22 2019]	-		
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ffective date, if other than the date of filing:  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 605.026 total. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a locument's effective date on the Department of State's records.  The effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filied.			
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			tive time, at 12:01 a.m. on the earlier o
	, May 22	, 2019	
Signature of a member or authorized representative of a member	Pated		
	oated		

Page 3 of 3

Filing Fee: \$25.00