LIDOODOISYOI

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
(Only/State/Zip/) Holle #/							
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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05/17/10--01009--018 **25.00



COVER LETTER

TO:		ation Sect n of Corpo		•	e.
SUBJI	ECT:	Run	Rhino, L	LC	
			Name of Lim	ited Liability Company	
The en	closed Ar	ticles of A	mendment and fee(s) are su	bmitted for filing.	
Please	return all	соттевропо	lence concerning this matter	r to the following:	
			Er	Name of Person	
			_	Firm/Company	
			4098 Cle	ele Timer Dr. Address	·
			Port Orange	E F(BA) 20 City/State and Zip Code Code	7
			ebgan Z	adicion tobe used for future annual report notifical	ion)
For fur	ther infor	mation cor	cerning this matter, please		
=	درر	Sau Name of F	Person	at (386) 295 8 Area Code & Daytime T	
Enclos	ed is a che	eck for the	following amount:		
X \$25	5.00 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:

4

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

FILED 10 MAY 17 PM

·~¹ · .	O.	Ľ	10 MAY 17	Dia
Run Rh	no, UC		10 MAY 17 SEGRETARY	PH 12: 26
(Name of the	Limited Liability Compar (A Florida Limited L	ny as it now appea	rs on our records SSC	OF STATE
	(A Fiorida Limited L	nability Company)	= 1.1	- LEUKIDA;
The Articles of Organization for this Lir		were filed on	2/10/10	and assigned
Florida document number	00015401		•	
This amendment is submitted to amend	the following:			
A. If amending name, enter the new	name of the limited liab	ility company he	<u>re</u> :	
The new name must be distinguishable and "L.L.C."	end with the words "Limit	ted Liability Compa	any," the designation "Ll	.C" or the abbreviation
Enter new principal offices address, i	f applicable:			
(Principal office address MUST BE A	STREET ADDRESS)			
	,			
Enter new mailing address, if applica	ble:			
(Mailing address MAY BE A POST O	FFICE BOX)			
B. If amending the registered ager registered agent and/or the new registered			our records, <u>enter th</u>	e name of the new
Name of New Registered Age	<u></u>			
New Registered Office Address	<u>ss</u> :	Fz	ter Florida street addr	255
		137		
		City	, Florida	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 = Mar MGRM = M	nager lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGRM</u>	Daniel Pittle	18119 Cadence St Orlando, FL 32820	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
 ,			Add Remove
D. If amend	ing any other information, enter ch	ange(s) here: (Attach additional sheets, if necessar	v.)
			50 MAY 17
Dated	ay 12, 2	010	FILED Y 17 PH 12: 26 HASSEL FLORIDA
	Fric	mber or authorized representative of a member Bauca /ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00