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## **COVER LETTER**

	istration Sec ision of Corp						
SUBJECT:	UAG Financing - Village Shoppes LH, LLC						
30031.61,		Name of Limited Liability Company					
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rease return	an correspon	-					
			Name of Person				
	Address  Coral Gables, Florida 33156  City/State and Zip Code  jlfrunaway@gmail.com  E-mail address: (to be used for future annual report notification)  information concerning this matter, please call:						
		820 San Pedro Avenue		Telephone Number  □ \$60.00 Filing Fee,  Certificate of Status &			
		Coral Gables, Florida 3315					
		jlfrunaway@gmail.com	City/State and Zip Code				
For further in	nformation co			cation)			
Jerome I., W	Volf, Esq.		561 910-5700				
	Name of	Person	Area Code Daytime	Telephone Number			
Enclosed is	a check for th	e following amount:					
\$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & 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

UAG FINANCING - VILLAGE SHOPPES LH, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 9, 2011 and assigned Florida document number H11000062556 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: RUNAWAY TRUCKLAND LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 office address on our records, enter; the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Florida

## 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 = M $AMBR = A$	lanager Authorized Member		
Title	<u>Name</u>	Address	Type of Action
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Typed or printed name of signee

Filing Fee: \$25.00