## L12000014425

	(Req	uestor's Name)	
	(Add	ress)	
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	(City	/State/Zip/Phoni	e #)
PICK-U	Ρ	WAIT	MAIL
	(Bus	iness Entity Nar	me)
	(Doc	ument Number)	
Certified Copies		Certificates	s of Status
Special Instruction	s to F	iling Officer:	
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2019 SEP -3 AM 10: 30

C. GOLDEN SEP 1 4 2019

## **COVER LETTER**

Division of Cor	porations		
SUBJECT: LL, C	. Rannow	TEG Pro Ple ited Liability Company	rtys
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	LArry-/RE	Name of Person	<i>V</i>
	/	Name of Person	
•		Firm/Company	
		4	
	2300-F	Fue D- 5 W Address	
	Winter	City/State and Zip Code	33880
	- WITHER 1	City/State and Zip Code	<u>/</u>
	E-mail address: (	to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please ca	ıll:	
1			
Rene	Lannow	at (863 29 Area Code Daytime	33519
Name o	f Person	Area Code Daytime	Telephone Number 1
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
023.00 1 mmg . cc	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

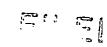
Registration Section

TO:

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**



Runnow Pro Per (Name of the Limited Liability Compa (A Florida Limited I	ny as it how appears on our records.)  Liability Company)  2019 SEP - 3 AM 1
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000014</u> 4	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi 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)	SAME  2300-ADE D-SW Winter Haven 71.  33880
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	
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 t 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.

City

If Changing Registered Agent, Signature of New Registered Agent

· •	rom our records:	s) authorized to man  Add my	age, <u>enter t</u> Dow_L	arry K	I Ranno.	w on his
	thorized Member	nember	v -	Thank	you,	w on has
Title	Name		Address	2200.	- 21th	Mype of Action
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(If an effective Note: If the	date, if other than the date of filing:
f the record b) The 90	d specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the earlied the day after the record is filed.
Dated <u>(</u>	Aug 29 - 2.019. France Rennow
	A Land Maria
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00