L12000018485

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
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B. KOHR
MAR 7 2012
EXAMINER

COVER LETTER

Division of C	orporations				
SUBJECT:	Road Ru	nner Shuttle LLC			
	Name of Lim	ited Liability Company	3		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	pondence concerning this matte	r to the following:			
		Jose I Bautista			
		Name of Person		生勢	
		30 G.Z.			
	Road Runner Shuttle LLC Firm/Company				
	38		12 MAR - 5 TA CONTROLL		
		Address		Ī	
	Co	ocoa Beach, FL. 32931			
		City/State and Zip Code			
	Rui	nnershuttle@gmail.com to be used for future annual report notifi	cation)		
For further information	concerning this matter, please of	•			
Jo	ose I Bautista	at (_321)	505-9792		
Name of Person		Area Code & Daytime	Telephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy i		
MAILING ADDRESS: Registration Section		STREET/COURIE Registration Section			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Registration Section

TO:

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F	Road Runn	er Shuttle LLC	<u> </u>	
(Name of the Limite	d Liability Con	npany as it now appe ed Liability Company	ars on our records.)	Olys,
`	Triona Simo	ou blue my company	,	7 Sec. 3
The Articles of Organization for this Limited	Liability Comp	any were filed on 👱	Feb. 7th 2012	and assigned
Florida document number L120000	18485			ي والم
				2 0
This amendment is submitted to amend the following	lowing.			G.
This amendment is submitted to amend the fo	nowing.			
A. If amending name, enter the new name	of the limited l	liability company he	ere:	•
The new name must be distinguishable and end w "L.L.C."	ith the words "L	Limited Liability Comp	pany," the designation "Ll	C" or the abbreviation
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STRE	ET ADDRESS	<u></u>		
Enter new mailing address, if applicable:	N/A			
(Mailing address MAY BE A POST OFFICE				
manning wantes Mill BEILLOGI OF LICE	<u> DOM</u>			
B. If amending the registered agent and	or registered	office address on	our records, enter th	e name of the new
registered agent and/or the new registered (, 	
Name of New Registered Agent:	N/A			
New Registered Office Address:		F	nter Florida street addro	200
		દામારા ૧૧૦૧ તતા આ હતા તતા હડક		
			, 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 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 = Manager

MGRM = Managing Member

Type of Action Title Title Address **Name** Jaime M Fernandez MGRM 2115 Grand Brook Cir. apt 1332B Orlando, FL 32810 √ Remove ☐ Add Remove ___ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) March 01 2012 Dated Signature of a member or authorized representative of a member Jose I Bautista Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00