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APR 01 2020 S. YOUNG

COVER LETTER

SUBJECT:	Property Ru	inner 4 You LLC		
SUBJECT		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub- ndence concerning this matter	-	
		Jonathan Chin Lee		
		-	Name of Person	
		Property Runner 4 You LL	.C	
			Firm/Company	
		8900 NW 35th Lane - Unit	130, Suite 438	
			Address	
		Doral, FL 33172		
			City/State and Zip Code	
		E-mail address: ()	to be used for future annual report notil	fication)
For further is	itormation c	oncerning this matter, please ca	all:	
Jonathan Ch	in Lee		561 388-9165	
	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a	check for th	ne following amount:		
≘ \$25.00 F	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)
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section **Division of Corporations**

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

~

Property Runner 4 You LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our recor Limited Liability Company)	ZOHR I
The Articles of Organization for this Limited Liability Co Florida document number <u>L13000080367</u>	ompany were filed on 6/4/13	Section 1
This amendment is submitted to amend the following:	_ `	1 2 S
A. If amending name, enter the new name of the limi	ted liability company here:	
Squirrel Enterprises LLC		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	YESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addi		ds, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	ess
	ı,	lorida
	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>	Name	Address	Type of Action
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Remove
			☐ Change
			□ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
			Add
			☐ Remove
			Change

(lf an e <u>Note</u>	feetive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	1 MARCH 15 2020
	JAHL
	Signature of a member or authorized representative of a member
	Tonatham CHIN LEE Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00