13000/35835

| (Re | equestor's Name) | |
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| (Ac | ldress) | · · · · · · · · · · · · · · · · · · · |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone # | f) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Name |) |
| | ocument Number) | |
| Certified Copies | Certificates o | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRITARY OF STATE
SECRETARY OF STATE

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CLINE

. COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| SUBJECT: Runner Tax | i 11 11 C. |
| | ed Liability Company |
| | |
| The enclosed Articles of Amendment and fee(s) are subn | nitted for filing. |
| Please return all correspondence concerning this matter t | o the following: |
| · · · · · · · · · · · · · · · · · · · | |
| Edga | r Radriguez Name of Person |
| | Name of Person |
| | |
| | Firm/Company |
| 2321 | Flamingo Lakes Dr. Address mmee Fl 34743 |
| 1 | Address |
| ~ Mcissi | mmee + 1 34743 |
| | Chy/State and Zip Code |
| a) affordable E-mail address: (to | eservices egmail. Com. be used for future annual report notification) |
| For further information concerning this matter, please ca | |
| Edgar Rodnquez | the used for future annual report notification) at (321) 305-2807 Area Code & Daytime Telephone Number |
| Name of Person | Area Code & Daytime Telephone Number |
| | Sim e |
| Enclosed is a check for the following amount: | ,,,, |
| □ \$25.00 Filing Fee & Certificate of Status | □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy |
| • | (additional copy is enclosed) |
| | |
| MAILING ADDRESS: Registration Section | STREET/COURIER ADDRESS: Registration Section |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| RunnerT | axi III LC | | |
|--|--|---------------------------------------|--|
| | ability Company as it now appears on our orida Limited Liability Company) | records.) | |
| | α la | | |
| The Articles of Organization for this Limited Liabi | • | and assigned | |
| Florida document number <u>L130001358</u> | <u>335</u> . | | |
| This amendment is submitted to amend the following | ing: | | |
| A. If amending name, enter the new name of th | e limited liability company here: | | |
| Best Kunner 11 | I LLC | | |
| The new name must be distinguishable and end with the "L.L.C." | he words "Limited Liability Company," the | designation "LLC" or the abbreviation | |
| Enter new principal offices address, if applicable | le: | | |
| (Principal office address MUST BE A STREET A | ADDRESS) | | |
| | | | |
| | | - | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BO | DY) | 22 25 10 | |
| munic duales mill be it tost of fice bo | | 200 | |
| | - | | |
| B. If amending the registered agent and/or | registered office address on our rec | ords, enter the name of the new | |
| registered agent and/or the new registered offic | | Pg. N | |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Flor | rida 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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address** Type of Action Remove Remove Removė i Remove Remove

| f ar | mending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|------|--|
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| | |
| a | November 5. 13. |
| u _ | 8000 |
| | Signature of a member of authorized representative of a member |
| | Edgar Rodriguez |
| | Typed or printed name of signee |
| | Page 3 of 3 |

Filing Fee: \$25.00

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