

L14000083215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

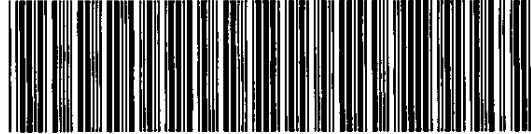
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500279078105

11/16/15--01046--013 **25.00

FILED
15 NOV 16 PM 3:17
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

NOV 18 2015

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Running Fox Technologies

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hunter William Giambra

Name of Person

Running Fox Technologies

Firm/Company

11714 Hoyt Ave

Address

Tampa, FL 33617

City/State and Zip Code

hunter@runningfoxtechnologies.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hunter Giambra

813

5200954

at (_____) _____

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)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Running Fox Technologies

(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 11/13/2015 and assigned
Florida document number L14000083215.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Running Fox Technologies, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

11714 Hoyt Ave

Tampa, Fl. 33617

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11714 Hoyt Ave

Tampa, Fl. 33617

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Miranda Dunham	11714 Hoyt Ave.	<input type="checkbox"/> Add
		Tampa, FL 33617	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

15 NOV 16 PM 3:17
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

15 NOV 16 PM 3:17
JONELAND OFF STATE
TALLAHASSEE, FLORIDA

FILED
18 NOV 16 PM 3:17
FEDERAL BUREAU OF INVESTIGATION
ATLANTA, GEORGIA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated November 13, 2015

_____, 2015

 Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Hunter William Giambra

Typed or printed name of signee