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COVER LETTER

LAND RUS	NNER TRANSPORTATION,	LLC				
SUBJECT: Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	ANA SILVA					
	Name of Person					
		Firm/Company	. <u>. </u>			
	3661 NW 111 AVE					
		Address				
	SUNRISE, FL 33351					
	landrunner2015@hotmail.c	City/State and Zip Code om				
	E-mail address: (to be used for future annual report notification)				
For further information e	oncerning this matter, please c	all:				
ANA SILVA		954 871-8981 at ()				
Name o	f Person	Area Code Daytime Telephone No	umber			
Enclosed is a check for the	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	00 Filing Fee, tificate of Status & tified Copy litional copy is enclosed)			
Mailing Addres Registration S		Street Address: Registration Section				

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

Registration Section
Division of Corporations

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAND RUNNER TRANSPORTATION, LLC

(Name of the Limited Liability Compan (A Florida Limited Li	is as it now appears on our i	ecoras.)
		· 😝
The Articles of Organization for this Limited Liability Company	were filed on 02/20/2015	andassigned
Florida document number L15000034947		d'a
This amendment is submitted to amend the following:		A 11 11 11 11 11 11 11 11 11 11 11 11 11
A. If amending name, enter the new name of the limited liabil	lity company here:	
LAND RUNNER SERVICES, LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>s</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	nddress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pabeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my dutic rovided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is
If Chang	ging Registered Agent, Signa	ture of New Registered Agent

or removed	g Authorized Person(s) authorized to n l from our records:		
MGR = N $AMBR = A$	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		 	☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			□Add
			□Remove
			Change
		-	□Add
			☐ Remove
			☐ Change
			☐Add
			□Remove
			Change
			□Add
			□Remove
			T Charac

D. If amending any other information, enter change(s) here: (Attach additional sheets,	if necessary.)
	.
	
. 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 da. Note: If the date inserted in this block does not meet the applicable statutory filing requireme	lys after filing.) Pursuant to 605,0207 (3)(b)
document's effective date on the Department of State's records.	its, this date will not be listed as the
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The second empirious deleved effective data has not established in a 12.01 the 12.01	S (1) TI OOL I B I
The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie ecord is filed.	for: (b) The 90th day after the
November 23rd 2020	
Dated,	
$A \leq l/a$	
Signature of a member or authorized representative of a member	
ANA SILVA	1
Typed or printed name of signee	
t yped of printed name of signee	l