L15000096464

(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:				
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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 1, 2023

SHANNON L WIDMAN PO BOX 2029 SANTA ROSA BEACH, FL 32459

SUBJECT: INTERNATIONAL RUNNING COMPANY, LLC

Ref. Number: L15000096464

We have received your document for INTERNATIONAL RUNNING COMPANY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document number of the name conflict is F18000002709.

Please return your document, along with a copy of this letter, within 60 days or your filling will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 623A00002434

www.sunbiz.org

Please Fracess and return to Copital Connection Whendon Thanks

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

INTERNATIONA	AL RUNNING	COMPANY,		
LLC				
	,			
		·	-	
			Art of Inc. File	
			LTD Partnership File	
			Foreign Corp. File	
			L.C. File	-
			Fightious Name Frie	4.79134
			Tenda/Carrina Mark	er =====
			- Merger rite	
			Alt. of Amenu. Fric	
			RA Resignation	
			Dissolution / Withdrawal	
			Annual Report / Reinstatement	_
			Cert. Copy	
			Photo Copy	
			Certificate of Good Standing	
			Certificate of Status	
			Certificate of Fictitious Name	
			Corp Record Search	
			Officer Search	
			Fictitious Search	
Signature			Fictitious Owner Search	
3			Vehicle Search	
			Driving Record	
Requested by:			UCC 1 or 3 File	
Name	Date	Time	UCC 11 Search	
Hanne	Date	THIC	UCC 11 Retrieval	
Walk-In	Will Pick t	IJр _	Courier	

COVER LETTER

TO: Registration Division of C	Section Corporations				
INTERN SUBJECT:	IATIONAL RUNNING COMPA	NY, LLC			
Bobacci.	Name of Lin	nited Liability Company	 -		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	spondence concerning this matter	to the following:			
	SHANNON L WIDMAN				
		Name of Person			
	PORATH & ASSOCIATES PA				
		Firm/Company	·		
	PO BOX 2029				
	······································	Address		~	
	SANTA ROSA BEACH, FL 32459		2023 FEB	17-2-7-1	
		City/State and Zip Code	,	€ 8 −9	
	E-mail address: (to be used for future annual report notif	fication)	∪2	्ड - १
For further information	n concerning this matter, please c	all:		AM 9: 06	
Shannon L Widman		850 622-0102		06	
Name	e of Person		e 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)	Certified C	of Status &	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTERNATIONAL RUNNING COMPANY, LLC

(Name of the Limited Lis	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit Florida document number L15000096464 This amendment is submitted to amend the following A. If amending name, enter the new name of the	ty Company were filed on 6/2/2015 g:	2023 signed 1
FLY GUY CONSULTING, LLC		66 06
The new name must be distinguishable and contain the words "	'Limited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2	
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office address on our records, <u>enter the</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	City	Zin 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 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 **Title** Name Address Type of Action □Remove __ Change ____ □Remove _____ □Remove ____ Change

_____ □Change

Typed or printed name of signee

ZANE A. HOLSCHER