

**L17000151013**

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2017 SEP -1 AM 10:34  
FBI - ALBANY

SEP 04 2017  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Run It Up Records LLC  
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:

Vancari J Storkley / managing member  
Name of Person  
Run It Up Records LLC  
Firm/Company  
4150 Belfort Rd. # 551626  
Address  
Talx, FL 32255  
City/State and Zip Code  
RunitupRecordsLLC@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vancari Storkley at ( 904 ) 834-1569  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
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**

Bun It Up Records LLC

(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 07/14/2017 and assigned Florida document number 117000151013.

This amendment is submitted to amend the following:

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

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)

4150 Belfort Rd.  
#551626  
Jax, FL 32255

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4150 Belfort Rd.  
#551626  
Jax, FL 32255

**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:

Majore Law, PLLC

New Registered Office Address:

4150 Belfort Rd #551642

Enter Florida street address

Jax, Florida 32255  
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

Title	Name	Address	Type of Action
mgr	Norris, Kayla	7973 Jacques Drive	<input type="checkbox"/> Add
		Jax FL 32210	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr	Stanley, Jylen	7973 Jacques Drive	<input type="checkbox"/> Add
		Jax FL 32210	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr	George, Ashley	7973 Jacques Drive	<input type="checkbox"/> Add
		Jax FL 32210	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	Stokley, Vancari	4150 Belfort Rd	<input type="checkbox"/> Add
		#SS1626	<input type="checkbox"/> Remove
		Jax, FL 32255	<input checked="" type="checkbox"/> Change
Ambr	Simpson, Rosglin	4150 Belfort Rd	<input checked="" type="checkbox"/> Add
		#SS1626	<input type="checkbox"/> Remove
		Jax, FL 32255	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SEP - 10 10:09  
JAX FL  
AMBR

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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

8/30, 2017

Wm. A. A.

Signature of a member or authorized representative of a member

Vancouver, Stoney

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

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ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 11-14-2011 BY 60322  
UCBAW