L18000058896

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
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(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Run Like Clock	work, LLC
DOCUMENT NUMBER: L18000058896	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this r	natter to the following:
Kyle Kennelly, Esq.	
	Name of Contact Person
Thrive Law, P.A.	
	Firm/ Company
2260 5th Avenue South, St	• •
	Address
St. Petersburg, FL 33712	Addiess
	Cirul Const. 177 C. 1
	City/ State and Zip Code
kyle@thrivelaw.com	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, ple	ease call:
Kyle Kennelly	727 300-1990
Name of Contact Person	at (727) 300-1990 Area Code & Daytime Telephone Number
Name of Confact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & □S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301



May 15, 2019

KYLE KENNELLY 2260 5 AVE S STE 1 ST PETERSBURG, FL 33712

SUBJECT: RUN LIKE CLOCKWORK, LLC

Ref. Number: L18000058896

We have received your document for RUN LIKE CLOCKWORK, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This is a LLC the document you sent in is for a Corporation.

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

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

Tracy L Lemieux Regulatory Specialist II

2019 MAY 30 AM 11:10

Letter Number: 619A00009815

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

(Name of the Li	mited Liability Company as it now a (A Florida Limited Liability Comp	PDEARS ON OUR recorded
	(A chorida intitited thabitity Comp	any)
The Articles of Organization for this Limited	Liability Company were filed o	n 03/06/2018 TALL All All and assigned
Florida document number L18000058896		
This amendment is submitted to amend the fo	ollowing:	
A. If amending name, enter the new name	of the limited liability compan	<u>w here:</u>
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if appl		5
(Principal office address MUST BE A STRE		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	E BOX)	
B. If amending the registered agent and registered agent and/or the new registered of	Vor registered office address office address here:	on our records, enter the name of the new
Name of New Registered Agent:	Thrive Law, P.A.	
New Registered Office Address:	2260 5th Avenue South, Suite	1
	Enter	Florida street address
	St. Petersburg,	Florida 33712
	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	

Run Like Clockwork, LLC

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 couffirm that the limited liability company has been notified in writing of this change.

hanging Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	Address	Type of Action
MGR	Dorison, Adrienne	5137 5th Way North	
	<u> </u>		
		St. Petersburg, FL 33703	■ Remove
			- Remove
	7)		Change
MGR	Brannon, Tyler	5137 5th Way North	
		St. Petersburg, Fl. 33703	
			Remove
			Change
MGR	Church Bear, Inc	5137 5th Way North	Change
			Add
		St. Petersburg, FL 33703	□ Remove
			a remove
			☐ Change
			□ Remove
			Change
			□ Add
			D Add
			Remove
			☐ Change
			
			□ Remove

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
_	
-	
-	
_	
(If an eff Note:	(optional) ective date, if other than the date of filing: (optional) ective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the rec) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	
	Alexander and the second secon
	Signature of a member or authorized representative of a member
	Tyler Brannon
	Typed or printed name of signee

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Filing Fee: \$25.00