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FILED SECRETARY OF STATE DIVISION OF CORPORATION

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COVER LETTER

TO: Regi Divis	sion of Cor			
SUBJECT:	John Runn	er, LLC		
		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		John J Runner		
			Name of Person	
		John Runner, LLC		
			Firm/Company	
		5815 Tahiti dr.		
			Address	
		Bokeelia, FL 33922		
		JohnRunnerLLC@aol.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	otification)
For further in	tormation c	oncerning this matter, please ca	all:	
Heather Rur	nner		239 283-1328	
	Name o	f Person	Area Code Dayr	ime Telephone Number
Enclosed is a	check for ti	ne following amount:		
□ \$25.00 Fi	ling 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 (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

John Runner, LLC		
(Name of the Limited L.) (A F	iability Company as it now appears on our records.) lorida Lumted Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number L18000142931	ity Company were filed on June 11, 2018	and assigned
This amendment is submitted to amend the following	าธิ:	
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 abb	reviation "L.L.C."
Enter new principal offices address, if applicable	:	\$ECI DIVISIO 18 JU
(Principal office address MUST BE A STREET A.	DDRESS)	ECS SEC
		- 2 252
		CO 500 00 00 00 00 00 00 00 00 00 00 00 00
Enter new mailing address, if applicable:		7 (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
(Mailing address MAY BE A POST OFFICE BOY	<u> </u>	4 25
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records, <u>enter (address here</u> :	the name of the nev
New Registered Office Address:	Enter Florida street address	
	, Florida	
-	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	John J Runner	5815 Tahiti Dr.	≅ Add
		Bokeelia, FL 33922	Remove
			□ Change
			□ Add
			Remove
			Change
			☐ Remove
			☐ Change
			Add
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Effective date, if other than If an effective date is listed, the date	the date of filing:	u ha america data al	Collins or more than 00	(optional)	12 605 03
Note: If the date inserted in thi	s block does not meet	the applicable stat			
document's effective date on th	e Department of State	's records.			
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he record specifies a dela The 90th day after the		, but not an er	rective time, at	12:01 a.m. on th	e earlier
June 15th Dated	···	018 			
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Typed or printed name of signee

Filing Fee: \$25.00

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