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S. YOUNG

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COVER LETTER

	Registration Division of C	Section Corporations	,		
SUBJEC	RUNR		•		
		Name of Lim	ited Liability Company		.
The enck	osed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all corre	spondence concerning this matter	to the following:		
		Michael Suarez			
		RUNR LLC.	Name of Person		
		5721 Surrey Circle West	Firm/Company	11.1.1.	
		Davie, Florida 33331	Address		
		runrservices@gmail.com	City/State and Zip Code		
For furth	er informatio	n concerning this matter, please ca	to be used for future armual	героп пошкавк	жт)
Michael	Suarez		786 253	3-3518	
	Nam	e of Person	Area Code	Daytime Tele	phone Number
Enclosed	is a check fo	r the following amount:			
\$25. 0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is end		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is exclosed)
		ILING ADDRESS:	STREET	ACOURIER A	ADDRESS:

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HUNH		
(Name of the Lim	ited Liability Company as it now app	ears on our records.)
	(A Florida Limited Liability Compari	y)
The Articles of Organization for this Limited I	Liability Company were filed on	07/19/2018 and assigned
Florida document number L18000174880	.	
This amendment is submitted to amend the fol	lowing:	
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," th	e designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
		- d
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE	<u> BOX)</u>	
		Ç
		
B. If amending the registered agent and	Vor registered office address	on our records, enter the name of the i
registered agent and/or the new registered o	office address here:	
Name of New Registered Agent:	Michael Suarez	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	5721 Surrey Circle West	
	Enter I	Torida street address
	Davie	, Florida 33331
	City	7ip 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, Separature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u> Nаше</u>	<u>Address</u>	Type of Action
MGR	Michael Suarez	5721 Surrey Circle West	
———			
		Davie, FL 33331	
			C Remove
			■ Change
	Miguel Lora	8380 NW 143 ST	= Creange
AMBR			= Add
		MIAMI LAKES, FL 33016	
			C Remove
			Change
			C Remove
			Change
		 	
			☐ Remove
			Change
			[] Add
			C Remove
			Cl Change
		 	
			Change

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Effective	01/28/2019 e date, if other than the date of filing:
lfancffed <u>Note:</u> 11	tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
ne reco The 9	rd specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 0 th day after the record is filed.
Dated _	1/95/19 · · · · · · · · · · · · · · · · · · ·
	Signature of a member or authorized representative of a member
	Michael Suarez

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Filing Fee: \$25.00