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Amendicus

MAR (US 2020)
I ALBRITTON

COVER LETTER

TO: Registration Se Division of Con			
SUBJECT: RUY	your Day L	LC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Alyssa	Bogar Name of Person	
		Firm/Company	
	109 M	OSS Bluff Rd. Address	
	Kissim	Mel, FL 34744 City/State and Zin Code	,
	E-mail address:()	Mel, FL 34744 City/State and Zip Code Wrdayfl @gmail. To be used for fluture annual report notion	fication)
For further information c	concerning this matter, please ca		
Alyssa 1	30gur	at (<u>586</u>) 876 Area Code Daytim	9153 te Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	ation
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

N

Run Your Pay	LLC	
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) lability Company)	77
The Articles of Organization for this Limited Liability Company		ssigned
Florida document number <u>L19000 2 98 419</u> .		o C
This amendment is submitted to amend the following:		7.
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili		IIC."
Enter new principal offices address, if applicable:	109 MOSS Bluff Rd	
Principal office address MUST BE A STREET ADDRESS)	Kissimmer FL 34746	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of tash	ew registered
Name of New Registered Agent:		
New Registered Office Address:	Proton Plani In street 12	
	Enter Florida street address	
	Florida 	,
Your Devictored Agent's Signature if abanging Degistered Agents		

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>	Address	Type of Action
			□Add
			□Remove
		, 	. □Change
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
		-	
			□∧dd
			□ Remove
			E Change

Page 2 of 3

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If an effect Note: 1	re date, if other than the date of filing:
The 9	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 _	February 8 2020 Signature of a member or authorized representative of a member
	1 1 0 0 1/ 2-21 0
	LINEN 1509WI