## L20000171375

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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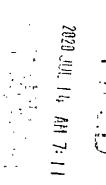
Office Use Only



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AUG 2 6 2020 S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Running	Delivers LLC
, mine (	Similed Dawshiy Company
The enclosed Articles of Amendment and fee(s) at	re submitted for filing.
Please return all correspondence concerning this n	natter to the following:
_Rom.	An Molleda Bergara Name of Person
	Firm/Company
18545	NW 68 tH AVE, APT:605
HIALE,	City/State and Zip Code
Ron no.	Deliver 40 Gmail-Com Tress: (to be used for future annual report notification)
For further information concerning this matter, ple	ease call:
Roman Molleda Berga Name of Person	at (407) 271-5252 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee Certificate of Sta	
Mailing Address: Registration Section	Street Address: Registration Section

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

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Libility Compa (A Florida Limited	Clivery LLC Emy as it now appears on our records.) Liability Company)
(Name of the Limited Lability Compared A Florida Limited Limit	were filed on 06-19-2020 and assigned.
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liab	
The new name must be distinguishable and comain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	lity Company." the designation "LLC" or the abbreviation "L.L.C."  18545 NW 68 +4 AVE  AP+: 605  145ALEAH, FL 33015
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>	18545 NW 68 th AVE AP+:605 HIALEAH, FL 33015
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:  New Registered Office Address:  18545  HSAA	Enter Florida street address  LEAH  City  The Color of the AVE, AP+ 1605  Enter Florida street address  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 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
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Please	AMend	MGR	Address	5 to:
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	ate must be specific and car this block does not mee	nnot be prior to date of fil t the applicable statute	ing or more than 90 days	optional) after filing.) Pursuant to 605 , this date will not be list
rd specifies a delayed e iled.	ffective date, but not an	effective time, at 12:0	of a.m. on the earlier o	f: (b) The 90th day afte
June	3014,6	7070		
June 1		pber or authorized repres		

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