## 120000 383525

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## **COVER LETTER**

TO: Registration S  Division of Co					
RUNNER: SUBJECT:	S LOGISTICS LLC				
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ARTURO J RAMIREZ				
		Name of Person		-	
	RUNNERS LOGISTICS	LLC			
		Firm/Company		-	
	143 W CEDARWOOD C	I R			
		Address		•	
	KISSIMMEE, FL 34743			₹0 N	
	EDWINRAMIREZ624@G	City/State and Zip Code MAIL.COM		21 JUN FU SGURETAF VELAHASSH	~~
	E-mail address: (	to be used for future annual report notifi	ication)		ī
For further information of	concerning this matter, please c	all:			
RAMIREZ. ARTURO J	ı	305 896-4817 at ( )		H 5: 21	, T
Name (	of Person		Telephone Number	r	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	
MAIL	ING ADDRESS:	STREET/COURIE	ER 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

RUNNERS LOGISTICS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\underline{-12/08/2020}$ and assigned Florida document number L20000383525 This amendment is submitted to amend the following: 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 abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

## 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>	Name	<u>Address</u>	Type of Action
MGR	EDWIN E RAMIREZ	143 W CEDARWOOD CIR	■ Add
		KISSIMMEE, FL 34743	☐ Remove
		<del></del>	□ Change
AMBR	ARTURO J RAMIREZ	143 W CEDARWOOD CIR	
		KISSIMMEE, FL 34743	□ Remove
			■ Change
<del></del>			□ Add
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an effective date is listed, the ote: If the date inserted ocument's effective date	e date must be specific an in this block does not	nd cannot be prior to da meet the applicable	ite of filing or more than 9 statutory filing require	0 days after filing.) P	irsuant to 605.0 Il not be listed	207 as
record specifies a The 90th day after	delayed effective the record is filed	date, but not ar	n effective time, at	: 12:01 a.m. on	21 SEE	of
JUNE.10TH		2021		):- :::: ::::	SKEIVE TINDE	
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Typed or printed name of signee

Filing Fee: \$25.00