## 121000063270

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or or or

## **COVER LETTER**

	Registration Se Division of Cor			
SUBJEC	HOUSE RU	JNNERS LLC		
300000	·'·	Name of Lir	nited Liability Company	<del></del>
The enclo	osed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please re	tum all correspo	indence concerning this matter	to the following:	
		LUIS E RUIZ SANCHEZ	:	
		-	Name of Person	<del></del>
			Firm/Company	<del></del>
		2273 BLUE SHAPPIRE O	CIRCLE	
			Address	<del></del>
		ORLANDO FL 32837		
		luisruizes 100@gmail.com	City/State and Zip Code	
			to be used for future annual report notification	2021 SEP
For further	er information co	oncerning this matter, please of	all:	
LUIS E F	RUIZ SANCHEZ	Z	407 3617393 at ( )	24
	Name of	Person	Area Code Daytime Telep	phone Number
Enclosed	is a check for the	e following amount:		E 34
□ \$25.0	0 Filing 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 Address: Registration Section 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 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 02/05/2021 and assigned Florida document number L21000063270

This amendment is submitted to amend the following:

This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation	ı "L.L.(	<del></del>
Enter new principal offices address, if applicable:	2273 BLUE SHAPPIRE CIRCLE			
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO FL 32837			
	<del>-</del>			
Enter new mailing address, if applicable:	2273 BLUE SHAPPIRE CIRCLE			
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO FL 32837			
D. IC			2	<del></del>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the	nenser SEP	egistered
Name of New Registered Agent:		7	24	*
New Registered Office Address:	F Clarit	25 co	AH	
	Enter Florida street address	٠ ا		-

## New Registered Agent's Signature, if changing Registered Agent:

HOUSE RUNNERS LLC

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.

City

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	Address	Type of Action
MGR	ADRIAN LOMBARDO SALINAS	11314 ISLE OF WATERBRIDGE, APT 105	□Add
		ORLANDO, FL 32837	■Remove
			DChange
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Filing Fee: \$25.00