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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	_
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Office Use Only



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10/18/21

COVER LETTER

TO: Registration Se Division of Cor							
SUBJECT: Run	Dancy Boots U. Name of Lim	C ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspo	ndence concerning this matter	to the following:					
	Randols.1711	Name of Person	 -				
	Sara-Mana	Bogt Werx CC	2021 OCT 12 PH 3: 36 SEGRETARY OF STATE TALLAHY, SEE, FL				
	4241 Pro	ctor Rd. Address	12 PH				
	Salasola	FL 342.33 City/State and Zip Code	1 3: 36 EE, FL				
	delegate 1 E-mail address:	o mollow a mail. (to be used for future annual report notif	ication)				
For further information c	oncerning this matter, please c	rall:					
Doyce Albr Name o	f Person	at (944) 780. Area Code Daytime	3 7 9 e Telephone Number				
Enclosed is a check for th	ne following amount:						
☐ \$25.00 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 Addres Registration S	Section	Street Address: Registration Sec					
Division of C P.O. Box 632	•	Division of Cor The Centre of T					
Tallahassee, FL 32314		2415 N. Monroe Street. Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compa (A Florida Limited)	tay as it now appears on our records.) Ciability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2(00 t 2 79 35</u> .	were filed on $0.3/(8/202)$ and assigned
Piorida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4241 Proctor Rd
(Principal office address MUST BE A STREET ADDRESS)	Sarasota FL 34933
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Y241 Proctor Rd 7 17 Sanasota PC 347233 0
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: Rando	1 Albritton
New Registered Office Address: 4241	Proctor Rd- Enter Florida street address
Saras	City Storida 34233
New Desistand Agent's Signature if shanging Desistand Agents	•

New Registered Agent's Signature, it 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>	<u>Name</u>	Address	Type of Action
MGR	Rapidel S.Albi, ton	4241 Proctor Rd, Swasola FL	3733 <u>(</u> Add
			□Remove
			□Change
MGR_	Yadira Alvarez		□Add
		21050 Gephart Auc Pt Chai	FL 33952 WREMOVE
			□Change
AMBR	Joya S. Albi, than	4241 Proctor Rd. Surasala, FL39	A SEATH
		4241 Proctor Rd. Surasala, FL399	Remove
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	; a delayed effe	ective date, but n	not an effective t	ime, at 12:01 a	m. on the earlier	of: (b) The 9	0th day af	ter the
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	- Long	Signature of	a member or aut	orized represents	nive of a member			