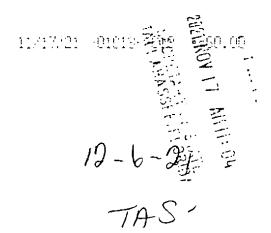


(Requestor's Name)
(Address)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	ve Runner Name of Lim	ited Liability Company	A LLC
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Ervin	Retamer Name of Person	· · · · <u> · · · · · · · · · · · · · ·</u>
	pare P	Mners War	insport LLC
	7/3 Cr	restwood pr	whter Haven
	Winter	City/State and Zip Code	33681
	E-mail address: (i	Ama agmano de la be used for future annual rep	port notification)
For further information cor	cerning this matter, please ca	all:	
Evn /	letamar	at (<u>Ø63)</u>	62-898U Daytime Telephone Number
. with of t	erson.	, aca coac	rayame receptione satisfies
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Add	ress:

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

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number 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)

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:

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

New Registered Office Address:

Enter Florida street address

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, Thereby confirm that the limited liability company has been notified in writing of this change.

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

$\frac{\text{Title}}{\partial x}$	Name.	<u>Address</u>	Type of Action
MGR/ Owner	Erun Rtamu	713 crestmood pr	□Add
		713 crestmood pr Winter Havren FL 339	SE = Remove
			SChange
	Alexit Henry	Auburndale FL	🗆 Add
			ERemove
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	ve date, if other than the date of filing: 11/10/2021 (ontional)	
	ve date, if other than the date of filing: (optional) cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua	nt to 605.0207
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ent's effective date on the Department of State's records.	
	one is officerive date on the coefficient of online is focus as.	
	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th	day after the
rd is til	1 1	
Dated	11/10/2021 1:11pm	
, valou		

Typed or printed name of signee