# K21000182675

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## **COVER LETTER**

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TO: Registration Sect Division of Corpo			
subject: <u>Roa</u>	1 Runners T	ransportection Led Liability Company	<u>LC</u>
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
		hode Isme	· .
	Road Runn	Pers Transport	Fion LLC.
	6519	Address	nit #IN
		FL 34/08 City/State and Zip Code	
	E-mail address: (to	16 i 23 W Vahan o o be used for future annual report not	ilication)
For further information cor	ncerning this matter, please ca	dt:	
Zhovle Name of I	TSME Person	at ( <u>786)</u> <u>\$1<b>5</b></u> Area Code Daytin	-6715- ne Telephone Number
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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## 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)
(A Florida Limited Liability Company)
ne Articles of Organization for this Limited Liability Company were filed on $04/20/21$ and assigned
orida document number $\frac{L21000182675}{}$ .
nis amendment is submitted to amend the following:
If amending name, enter the new name of the limited liability company here:
e new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
nter new principal offices address, if applicable:
rincipal office address MUST BE A STREET ADDRESS)
nter new mailing address, if applicable:
Sailing address MAY BE A POST OFFICE BOX)
<del></del>
If amending the registered agent and/or registered office address on our records, enter the name of the new registeent and/or the new registered office address here:
the new regulation of the wood to be need.
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
Florida
City Zin 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 Title Name **Address** Type of Action 651 96th Ave N. Naples, FL 3410P WAND Rhode Tame CEO \_\_\_\_\_ Remove \_\_\_\_\_ □Change \_\_\_\_\_ □Remove \_\_\_\_\_ □Add \_\_\_\_\_\_ Change

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			<del></del>
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n effective date i ote: If the date		fic and cannot be prior to date of filing not meet the applicable statutory	(optional) or more than 90 days after filing.) Pursuant to 605,020 filing requirements, this date will not be listed as
ecord specifies is filed.	a delayed effective date, b	ut not an effective time, at 12:01 a	i.m. on the earlier of: (b) The 90th day after the
ted	May 18	2021 Alhode / Liew	· · · · · · · · · · · · · · · · · · ·
	Signaturo Signaturo	Alberta Lieux c of a member or authorized represent	ative of a member
		Rhode Isme Typed or printed name of sign	) <b>.</b>