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2022 NOV -3 AMII: 00 SECRETARY OF STATE TALLAMASSEFTED ORION

COVER LETTER

iO:	Registration Se Division of Cor			
2110.104		chnology, LLC		
SUBJEC	UI:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	cturn all correspo	ndence concerning this matter	to the following:	
		Brian Pierce		
			Name of Person	
		UpTick Technology, LLC		
			Firm/Company	
		900 Ocean Drive, Unit 707	7	
			Address	
		Juno Beach, FL 33408		
			City/State and Zip Code	
		brian.pierce@runline.com		
		E-mail address: (to be used for future annual report notifi	cation)
For furth	ner information co	oncerning this matter, please ca	all:	
Brian Pi	erce		312 953-5621	
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclosed	I 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)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Sec	tion

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 TO ARTICLES OF ORGANIZATION OF

UpTick Technology, LLC		
(Name of the Limited Liability (A Florida)	y Company as it now appears on our records.) Limited Liability Company)	-
The Articles of Organization for this Limited Liability Co	ompany were filed on 03/15/2021 and	assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Runline, LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADDRI	ESS)	
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	<u>iew registere</u>
agent and/or the new registered office address here:	L AH	T]
	AASS	F
Name of New Registered Agent:		
New Registered Office Address:	- m	
	Enter Florida street address	2
	, Florida	·
	City Zin Co	te

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.

I amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

AGR = Manager AMBR = Authorized Member

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			□Remove
			Change
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If an effect Note: If	re date, if other to tive date is listed, the f the date inserted nt's effective date	e date must be speci- in this block does	fic and cannot be pri not meet the appl	or to date of filing of icable statutory fi	r more than 90 days after t	nal) îling.) Pursuant to 605.0207 (1 date will not be listed as th
e record : ord is filed		d effective date, b	ut not an effective	time, at 12:01 a.i	m. on the earlier of: (b)	The 90th day after the
Dated _	0/28		2022			
	1//					
	-1/22	11.16	_			
	<u> </u>	Signature	e of a member or au	thorized representat	ive of a member	•