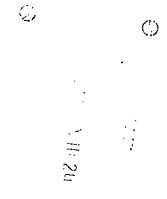


(Requestor's Name)
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(Document Number)
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07/28/21--01021--001 **25.00



COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	RUNT	TUCKING nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Nasiba RUNT 5401 Colle Mani D m. panga	Name of Person Pucking Firm/Company Address City/State and Zip Code Company According Code Company Code Code	Q 131 0140 COM	
For further information c	E-mail address: \right\r	to be used for future anityal report notif all:		
Name o	Madaminoi f Person	V Cl. at (2005) Cl. 28 - Daytime	42 27 Telephone Number	()
Enclosed is a check for the	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)	j

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

All Tending	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.)
(A rionda Danille Danille Comp	any)
The Articles of Organization for this Limited Liability Company were filed or	on <u>07/30/30/31</u> and assigned
Florida document number <u>2000240069</u>	1 1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compar	ny 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)	
.	
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 o	our records, enter the name of the new registered
agent and/or the new registered office address here:	Cþ
Name of Nam Banistand Aman	
Name of New Registered Agent:	
New Registered Office Address:	· .
Ente	r Florida street address
City	Žip 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 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
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		At 131 Miani Deach FT 3340	MRemove
		FL 3340	□Change
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vote: If the date insert	er than the date of filing: , the date must be specific and ea ed in this block does not me ate on the Department of Sta	et the applicable statut	ling or more than 90 days ory filing requirements	optional) safter filing.) Pursuant s. this date will-not b	to 605.0207 (be listed as ti
record specifies a dela d is filed.	yed effective date, but not a	n effective time, at 12:0	II a.m. on the earlier o	of: (b) The 90th da	y after the
aled <u>07/91/</u> 8	109/	<u></u>			
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	× 1/1 × =				
	Signature of a mo	inbur of authorized repre-	sentative of a member		_

Filing Fee: \$25.00