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COVER LETTER

TO: Registration S Division of Co			
	RoadRu	aning/ending LLC	_
SUBJECT:	Name (Lit	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	Rodne	y Syffrard Name of Person	
		Name of Person	
	Busin	FirmyCompany	
		Firm/Company	
	P.0 Bo	× Plantation, FL :	33318
		Address	
	P	lantation FL 333	18
		City/State and Zip Code	
	Rodne	y . Syffrard @ gma	:1.com
	E-mail address	to be used for future annual report not	neation)
For further information	concerning this matter, please	call:	
Rodney	Syffraid	at (754) 214 7	011
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	r the following amount:		
S25.00 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 Add		Street Address: Registration So	ection
Registration Division of	n Section Corporations	Division of Co	orporations
P.O. Box 6	327	The Centre of	Tallahassee oc Street, Suite 810
Tallahassec	e. FL 32314	24 () (N. 1910)(II)	oc offect, outre offe

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RandRynningVerdi	ng LLC and as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 221000 279 82	y were filed on <u>6 – 16 – 21</u> 8	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial Rod FreePris	c ilc	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" o	or the abbreviation "L.L.C."
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)	PO BOX 7580 NW S Plantation, Fo	+n st
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	·	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		uids
	, Floi	Zip 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

<u>Title</u>	Name	Address	Type of Action
			□ Add
		□Remove	
		□Remove	
		DAdd	
			□Remove
			□Change
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ated	9/29/21
	Signature of a member or huthorized representative of a member
	Signature of a member or huthorized representative of a member

Filing Fee: \$25.00