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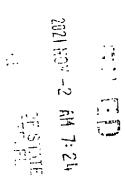
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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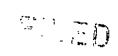
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SUBJEC	ç RUNNI	ING ROAD'Z CONSULTING	LLC .
Jonatic		Name of Lin	nited Liability Company
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please ret	urn all correspo	ondence concerning this matter	to the following:
		TRACE BARNES	
			Name of Person
			Firm/Company
		7100-A SOUTH DIXIE H	WY.
		-	Address
		WEST PALM BEACH, F	1. 33405
		TRACEBARNES333@G	
For furthe	er information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notification) all:
TRACE	BARNES		727 657-6185
	Name of	f Person	at () Area Code Daytime Telephone Number
Enclosed	is a check for th	ne following amount:	
\$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)
F	Mailing Address Registration S	Section	Street Address: Registration Section
	Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



RUNNING ROAD'Z CONSULTING, LLC

2021 HOW -2 AM 7: 25

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\underline{-08/19/2021}$ and assigned Florida document number _L21000373440 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 "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) 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: 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, I hereby confirm that the limited liability company has been notified in writing of this change.

Circ

, Florida ___

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
AMBR	Yasmari Cubilete Rodriguez	7100-A South Dixie Hwy., West Palm Bch, FL 3	3405 Add
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to	October 26						
Signature of a member or authorized representative of a member	October 26	Ber					

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Filing Fee: \$25.00