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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
ROADRUÍ SUBJECT:	NER MARCOS TOWER LL	С , , , ,	•
SUBJECT:	Name of Lim	ited Liability Company	•
The enclosed Articles of	Name of Limited Liability Company and Articles of Amendment and fee(s) are submitted for filing. Image: BENJAMIN FINLEY Name of Person		
Please return all correspo	endence concerning this matter	to the following:	
	BENJAMIN FINLEY		
		Name of Person	AAR. 1-3W
	MARCOS PIZZA		
		Firm/Company	
	6616 HORNBUCKLE BL	VD	
		Address	
	NORTH PORT, FL 34291		
		City/State and Zip Code	
	-	Name of Limited Liability Company endment and fee(s) are submitted for filing. Ince concerning this matter to the following: BENJAMIN FINLEY Name of Person MARCOS PIZZA Firm/Company Solid HORNBUCKLE BLVD Address NORTH PORT, FL 34291 City/State and Zip Code enkristi@bellsouth.net E-mail address: (to be used for future annual report notification) rming this matter, please call: at (Area Code Daytime Telephone Number B 350.00 Filing Fee & Certificate of Status Certificate of Status Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
For further information c		•	,
benjamin finley		352 425-8159	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration S	Section	Registration Se	
Division of C P.O. Box 632	-		•
Tallahassee, I	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROADRUNNER MARCOS TOWER LLC (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 11-3-2021 and assigned Florida document number L21000476959 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TIGER TOWERIII PIZZA LLC 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:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

. 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
			□Add
			□Remove
			☐ Change
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ective date, if other than the da	ate of filing:	(optional)	
n effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Department.	k does not meet the applicable stat	(optional) filing or more than 90 days after filing.) Pursulatory filing requirements, this date will no	ant to 605.0207 ot be listed as
ecord specifies a delayed effective dis filed.	late, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) The 90th	day after the
NOVEMBER 30	2021 3 Whele greature of a member or authorized rep		

Typed or printed name of signee