## L2300004406/

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	: #)
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ed Copies	_ Certificates	of Status
ecal Instructions to	Filing Officer:	

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: LOCK	Runner's Ti	ted Liability Company	
The enclosed Articles of Art	nendment and fee(s) are sub-	nitted for filing.	
Please return all correspond	ence concerning this matter (	to the following:	
	Firm/Company    3425 SW SIGHN CWE   Address   Address     Coda, Fl. 34473     City/State and Zip Code     E-mail address: (to be used for figure annual report notification)     Concerning this matter, please call:    Area Code   Daytime Telephone Number		
		FirmvCompany	
	13425 ow 8	Win we	<u>.                                    </u>
	<u>ocala, fi</u> ladrunner	34473 City/State and Zip Code 5 Fl Ogmcul. Ca	<u> </u>
			neation)
1Siah Blu Name of P	erson	at (701) 404. Area Code Daytim	e Telephone Number
Enclosed is a check for the	following amount:		
Z \$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)
Mailing Address: Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro	porations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION . , . OF

imited 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 Florida document number <u>L23000044061</u> 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 City 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Isiah Blunt	13425 sw 86th ave	ZAdd
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an effective date is list ote: If the date inse	her than the date of and, the date must be specificated in this block does date on the Departmen	ic and cannot be pr not meet the app	licable statutory	or more than 90 days a	ptional) after filing.) Pursuant to this date will not be	605.0207 listed as
record specifies a de is filed.	clayed effective date, bu	it not an effective	e time, at 12:01 a	.m. on the earlier of	(b) The 90th day a	ifter the
ated FLDTLE	ary 3	, 202	_3			
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<u>aes</u>	tines 1	of a member or au	uthorized represent	ative of a member		-

Filing Fee: \$25.00