L23000095059

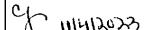
| (Requ | estor's Name) | |
|-----------------------------|-------------------|-------------|
| | | |
| (Addre | ess) | · |
| | | |
| (Addre | ess) | |
| | | |
| (City/s | State/Zip/Phone | <u>#1</u> |
| (Only) | states Elps Trone | ·· · |
| PICK-UP | MAIT | MAIL |
| | | |
| (Busir | ness Entity Name | e) |
| | | |
| - (Docu | ment Number) | |
| (5000) | ment Homber, | |
| | | |
| Certified Copies | Certificates (| of Status |
| | | |
| Special Instructions to Fil | ing Officer: | |
| , | _ | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



700417860997

023 OCT 27 | Nil 8: 32



COVER LETTER

Division of Corporations ROAD RUNNERS OF MIAMI LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Andrea Rojas Name of Person Firm/Company 2201 BRICKELL AVE APT 28 Address MIAMI, FL 33129 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Andrea Rojas Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■ \$25.00** Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

ROAD RUNNERS OF MIAMI LLC

2023 007 27 AH 8: 32

| (Name of the Limited Liability Compa (A Florida Limited | any as it now appears on our re Liability Company) | cords.) | | |
|--|---|---------------------------|-------------------|--|
| he Articles of Organization for this Limited Liability Company lorida document number L23000095059 | y were filed on <u>02/22/2023</u> | | _ and assigned | |
| his amendment is submitted to amend the following: | | | | |
| If amending name, enter the new name of the limited liah | bility company here: | | | |
| PEED SKATE ACADEMY LLC | | | <u> </u> | |
| he new name must be distinguishable and contain the words "Limited Liab | ility Company," the designation | "LLC" or the abbr | eviation "L.L.C." | |
| nter new principal offices address, if applicable: | 1065 SW 8th St #2057 | | | |
| Principal office address MUST BE A STREET ADDRESS) | Miami, FL 33130 | | | |
| Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) | 1065 SW 8th St #2057 Miami, FL 33130 | | | |
| 3. If amending the registered agent and/or registered office gent and/or the new registered office address here: Andrea Rojas | address on our records, <u>s</u> | nter the name | of the new regis | |
| At Call Designation Among Amon | | | | |
| Name of New Registered Agent. | | | | |
| New Registered Office Address: 1065 SW 8th | | | | |
| Name of New Registered Agent. | St #2057 Enter Florida street | | | |
| Name of New Registered Agent. | | address _, Florida3313 | i0 Zip Code | |

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> | <u>Address</u> | Type of Action |
|--------------|---------------|--------------------------------------|----------------|
| MGR | Andrea Rojas | 1065 SW 8th St #2057 Miami, FL 33130 | = Add |
| | | | □Remove |
| | | | |
| PRES | ROJAS, ANDREA | 2201 BRICKELL AVE APT 28 | □Add |
| | | MIAMI, FL 33129 | Remove |
| | | | |
| | | 🗆 🗆 Add | |
| | | Remove | |
| | | □Change | |
| | | □Add | |
| | | □Remove | |
| | | □Change | |
| | | □Add | |
| | | | □Remove |
| | | | □Change |
| | | | □Adđ |
| | | | □Remove |
| | | | Change |

| | | | | | | | - | | |
|-------------------|---|---------------------------------------|-----------------|--------------|---------------|-----------------------------------|---------------------------------------|---|--------------------------------------|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | <u></u> | | <u></u> | | | _ | |
| - | | | | | _ | | | | _ . |
| | | <u> </u> | _ . | | _ | | | | |
| | | · · · · · · · · · · · · · · · · · · · | _ | | | | | | - |
| | | | | | | | _ | | |
| | | | - | | | | | | _ |
| | | | | | | | | · · · · | |
| _ | | | | | _ | | | | |
| - | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | - | | | |
| | | | | | | | | | |
| | | | _ | | | | | | |
| iote: If | e date, if other tive date is listed, the the date inserted t's effective date | l in this block | does not m | icet the app | licable stat | filing or more utory filing re | (o) than 90 days a equirements, | ptional) fler filing.) Pu this date wil | irsuant to 605.02 I not be listed |
| | specifies a delayo I. | :d effective da | ate, but not | an effectiv | e time, at 12 | 2:01 a.m. on 1 | the earlier of | (b) The 9 | 0th day after th |
| d is filed | | | | 2023 | | | | | |
| Oc | ctober 20 | | - , | | · | | | | |
| Oc | ctober 20 | Lucy; | L P | | · | | | | |
| d is filed Oated | | | nature of a n | nember or a | uthorized rep | resentative of | a member | | |

Filing Fee: \$25.00