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COVER LETTER

Registration Section

TO:

Division of Corporations						
SUBJECT:	RUNNING L Name of Lin	ATE LLC ited Liability Company				
The enclosed Articles of a	Amendment and fee(s) are sub	united for filing.				
Please return all correspon	ndence concerning this matter	to the following:				
		WALTER 5 Name of Person				
	AUNNIN	16 LATE, LI	<u> </u>			
		205TH TERR H				
	MIAMI DSHWLTI	FL 33179 City State and Zip Code RS @G.MAIL. Com to be used for future annual report noti	fication)			
For further information co	h-mail address (oncerning this matter, please e		heation S			
DASHA W Name of	ATTECS Person	at (<u>646</u>) <u>248 –</u> Area Code Daytim	e Telephone Number 59			
Enclosed is a check for the			•			
27 825.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	© 860,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address Registration S Division of Co P.O. Box 632	ection orporations	Street Address: Registration See Division of Cor The Centre of T	porations			
Tallahassee, F			e Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 MARCH 21, 2023 and assigned Florida document number 223000/43/56 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 "LLC," Enter new principal offices address, if applicable: 1560 NE 205TH TERR #3 MIAMI, FL 33179 (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.

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
AMBR	KENDRA MOORE	1930 NW 124TH APTA	30/_ Iladd
		SUNRISE, FL 33323	
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			□Add
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] Change
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