

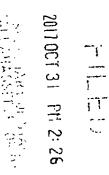
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COVER LETTER

TO:	Registration Sec Division of Corp			
CLIP I	RELYANT,	LLC		
20BH	ECT:	Name of Limit	ted Liability Company	
The en	nclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspoi	idence concerning this matter t	to the following:	
		BRITTNI KNIGHT		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		RELYANT, LLC		
		<u></u>	Firm Company	
		1009 HAMPSHIRE DRIVE	E	
			Address	
		MARYVILLE, TN 37801		
			City/State and Zip Code	•
		BKNIGHT@GORELYANT	COM to be used for future annual report notifi	cation)
For fu	orther information co	oncerning this matter, please ca		(3.10.17)
BRIT	TNI KNIGHT		at () 984-1330 Area Code Daytime	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:		
■ \$2	25.00 Filmg Fee	□ \$30.00 Filing Fec & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 OCT 31 PM 2: 26

RELYANT, 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 06/30	0/2009	and assigned
Florida document number L09000063328			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the des	ignation "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 of registered agent and/or the new registered office address here	ffice address on <u>e</u> :	our records	, enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da street address	
	, Florida		rida
	- •		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as heing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of a provided for in C	my duties, an hapter 605, i	d I am familiar with and F.S. Or, if this document is
II Cha	inging Registered Ag	ent. 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>	Name	Address	Type of Action
	STEVEN M. ANDERSON	1009 HAMPSHIRE DRIVE	
		MARYVILLE, TN 37801	■ Remove
			Change
			☐ Remove
			Change Add OCT 3
			Add 9
			Change C
			☐ Remove
			Change
			☐ Add
			☐ Remove
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			Pernove
			□ Change →

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ocument 5 effective	date on the Department of State	e s records		
	s a delayed effective dat ter the record is filed.	e, but not an effec	tive time, at 12:01 a.r	n, on the earlier of:
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	X / W/L			

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Typed or printed name of signee

Filing Fee: \$25.00