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ėlin ie <i>c</i> r	ELATED S	UPPORT SERVICES LLC		
OBJEC	ı: <u></u> _	Name of Lim	ited Liability Company	
The analog	and Autinlas no	Amendment and for(a) are sub-	mined Con City	
		Amendment and fee(s) are sub	_	
Please reti	ırn all correspo	ndence concerning this matter	to the following:	
		ANGELA MASOLINE-T	HOMAS	
			Name of Person	
		ELATED SUPPORT SER	VICES LLC	
			Firm/Company	
		PO BOX 350038		
			Address	
		GRAND ISLAND, FL 32	735	
			City/State and Zip Code	
		elatedss@yahoo.com	to be used for future annual report no	tification)
For further	r information co	oncerning this matter, please co	·	,
ANGELA	MASOLINE-	THOMAS	352 455-0205	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed i	s a check for th	e following amount:		
□ \$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)
	Registra Division P.O. Bo	NG ADDRESS: ation Section of Corporations ox 6327 ssee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on vrations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELATED SUPPORT SERVICES LLC			
(Name of the Limited Liability Compa (A Florida Limited l	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L14000127031	were filed on an	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviati	on "L.L,C."	
Enter new principal offices address, if applicable:	2201 S. BAY STREET		
(Principal office address MUST BE A STREET ADDRESS)	SUITE B OFFICE 5		
	EUSTIS, FL 32726		
Enter new mailing address, if applicable:	PO BOX 350038		
(Mailing address MAY BE A POST OFFICE BOX)	GRAND ISLAND, FL 32735	-3:	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, enter the n	ame of the nev	
	OFISTA SIELOR		
Name of New Registered Agent:	DA	8	
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City - Zin	Code	

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ANGELA MASOLINE-THOMAS	13633 SANDBLUFF LANE GRA	🗖 Add
			Remove
			■ Change
MGR	DARRELL THOMAS	13633 SANDBLUFF LANE GRA:	
			□ Remove
			☐ Change
			□ Add
			Remove LLAHASSEE GE
			REP Remove
			Change
			🗆 Remove
			Change
			Add
			Remove
			☐ Change

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	957 8 C)
E. Effective date, if other than the date of filing: O5/26/2017 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.	
Note: "If the date inserted in this block does not meet the applicable statutory filing requirements, this dadocument's effective date on the Department of State's records.	ate will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m (b) The 90th day after the record is filed.	n. on the earlier of:
Dated May 26, 2017.	
Signature of a member or authorized representative of a member	
ANGELA MASOLINE-THOMAS	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00