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COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Fl. 32314

TO:

JT3 CON SUBJECT:	SULTING ELC		
SUBJECT:	Name of Lim	nited Liability Company	100
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	OEC 2
Please return all corres	pondence concerning this matter	to the following:	100 mg
	Jeromey Brown		
	RELO CLOUD LLC	Name of Person	· · · · · · · · · · · · · · · · · · ·
	10077 Portolino Dr.	Firm/Company	
	Orlando, FL 32832	Address	
	jh7404@gmail.com	City/State and Zip Code	
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report notifall:	ication)
Jeromey Brown		407 701-3843	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	the 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)
Regis	LING ADDRESS: stration Section ion of Corporations	STREET/COURII Registration Section Division of Corpora	า

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	TO			
ARTIC	LES OF ORGA	NIZATION		
	OF			· 100 · 100
				6
JT3 CONSULTING LLC				To the local division of the local division
(Name of the Limited (A	Liability Company as it i Florida Limited Liability	now appears on our Company)	reçords.)	- Con 1
	•	• •		
The Articles of Organization for this Limited Liab	ility Company were fi	led on		and assigned
Florida document number	·			-
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	e limited liability co	mpany here:		
RELO CLOUD LLC				
The new name must be distinguishable and contain the word	is "Limited Liability Com	oany," the designation	n "LLC" or the ab	previation "L.L.C."
Enter new principal offices address, if applicable	le:			
(Principal office address MUST BE A STREET A	4 D D D D D D D D			
	<u></u>			
				· · · · · · · · · · · · · · · · · · ·
Parker and the Street Advantage of the Life				
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	
(Mailing address MAY BE A POST OFFICE BO	<u></u>			
			<u></u>	
.				
B. If amending the registered agent and/or registered agent and/or the new registered office		ldress on our re	ecords, <u>enter</u>	the name of the new
regimered agent and or the new regimered with	c modi ax nei e.			
Name of Name Davis and Associated				
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida street	address	
_			, Florida	
	Ciry	r ·		Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:			
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as register being filed to merely reflect a change in the registery company has been notified in writing of this change in the registery.	and complete performed agent as provide istered office addres	mance of my dut d for in Chapter	ies, and I am fo 605, F.S. Or,	imiliar with and if this document is
	If Changing Re	gistered Agent, <u>Sign</u>	nature of New Res	<u>ustered Agent</u>

• 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>	Address	Type of Action
			Add
			Remove
			□ Change
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
		Add	
		□ Remove	
			☐ Change
	·	Add	
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L/FF and	ve date, if other than the date of filing: (optional)
(If an eff Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	December 13th 2018
Dateu	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00