## L14000193162

(Re	questor's Name)	
· (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800323781378

M/28/19--01026--018 \*\*60.00

Omend/ mame change

## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	Name of Limited Liability Company		
The end	closed Articles of Amendment and fee(s) are submitted for filing.		
Please i	return all correspondence concerning this matter to the following:		
	CHRIS J. CALAMUSA Name of Person		
	ONE BAD DADDY Firm/Company		
	13200 W. NEWBERRY RD UNIT-	U1	15
	CCalamusa @ venicle data Consultants. CON E-mail address: (to be used for future annual report notification)	70 70 10	f.
For furt	ther information concerning this matter, please call:		
<u>C</u> H	Name of Person Area Code Daytime Telephone Number	0: 20	STATIONS
Enclose	ed is a check for the following amount:		
□ \$25	5.00 Filing Fee Solution Solut		

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

	<b>3</b> 3
ONE BAD DAD	
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any ak it now appears on our records.)  Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\perp$ ) $\neq$ 000 $l$ 93 $l$ $\omega$ $\geq$ .	were filed on $12/19/3014$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liak	pility company here:
RELION GROUP, LLC The new name must be distinguishable and contain the words "Limited Liabs	
The new name must be distinguishable and contain the words "Limited Liab	
Enter new principal offices address, if applicable:	13200 W. NEWBERRY RD UNIT-1115
(Principal office address MUST BE A STREET ADDRESS)	UNIT-1115
	NEWBERRY, FL 32669
Enter new mailing address, if applicable:	13200 W. NEWBERRY RD. UNIT-14115 NEWBERRY, FL 32669
(Mailing address MAY BE A POST OFFICE BOX)	UNIT-14115
	NEWBERRY, FL 32669
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	office address on our records, enter the name of the new
Name of New Registered Agent:	<del></del>
New Registered Office Address:	
	Enter Florida street address
	. Florida
	City Zip 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 Address Type of Action Title Name CHRIS J. CALAMUSA 13000 W. NEWBERRY RD DAD UNIT - U115 □ Remove NEWBERRY, FL 32669 Dechange AMBR MICHELE L. CALAMUSA 13200 W. NEWBERRY RD. O Add NEWBERRY, FL 32669 To Change □ Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove 

_	
_	<del></del>
_	
_	<del></del>
_	
	<del></del>
_	
_	
an effec ote: 11	e date, if other than the date of filing:  tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a at s effective date on the Department of State's records.
The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
ated	JANUARY 23 . 2019 .  Signature of a preprise or authorized representative of a member
	7
	Chi J Cal-

Page 3 of 3

Filing Fee: \$25.00