## 15 0000162 55

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22 MAY 16 PM 2: 43

T. MATTHEWS JUL 14 2022

SUBJECT:	Relaxina C	ir. LLC nited Liability Company	•
	(Name of Lin	nited Liability Company	<del> </del>
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Patri	cia A Riko Name of Person	
	Relaxion	V Firm/Company	
	102	28th Street	
	Cocoa	Beach, FL 329 City/State and Zip Code	31
	E-mail address: (	to be used for future annual report not	ecaele. com
For further information con	cerning this matter, please c	all:	
Patricia Name of P	Riko_	at ( <u>407</u> ) <u>620</u> - Area Code Daytin	7410 ne Telephone Number
		·	·
Enclosed is a check for the	following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & 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 Se		Street Address: Registration Se	
Division of Cor	DOFATIONS	Division of Co	rporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION OF

IN	TART OF STATE
DIVISION I	OF CORPORATION

Relaxing	CUR LLC 22 MAY 16 PM;	2: 43
( <u>Name of the Limited Liability (</u> A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L 15 0000 16 255</u> .		and assign
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	N/A	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbrevi	ation "L.L.C
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	. 1 .	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the name of	the new re
Name of New Registered Agent:	N/A	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Z	ip 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 wi provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of I
AMBR	Jordan R. Wilson	603 Trelago Way # 204	ĽYAdd
		Maitland, FL 32751	□Remo
			□ Chang
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Note:	ve date, if other than the date of filing: 5/1/2022 (optional) ective 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 6 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lightly seffective date on the Department of State's records.
e record rd is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afed.
Dated .	May 13  2022  Atricia  Signature of a member of authorized representative of a member
	Signature of a member of authorized representative of a member