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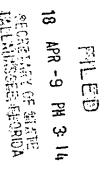
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COVER LETTER

Division of Co.			
RELENTL SUBJECT:	ESS AUTO, LLC		
NOBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	WANDA FUENTES		
		Name of Person	
	TAX ZONE INC		
		Firm-Company	
	8865 COMMODITY CIR	CLE STE 4	
		Address	
	ORLANDO, FL 32819		
		City/State and Zip Code	,
	ADMIN@TAXZONEFL.C		
For further information c	n-mail address: (concerning this matter, please e	to be used for future annual report notif all:	ication)
WANDA FUENTES		407 888-3131	
Name e	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	he 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

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

RELENTLESS AUTO, LLC		
(Name of the Limited I. (A F	iability Company as it now appears on our records. Florida Limited Liability Company)	.)
The Articles of Organization for this Limited Liabil Florida document number £15000198973		and assigned
This amendment is submitted to amend the following	ng:	6
A. If amending name, enter the new name of the	e limited liability company here:	
RELENTLESS SERVICES LLC		6
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC"	or the abbreviation "L.I.6"
Enter new principal offices address, if applicable	2:	w w
(Principal office address MUST BE A STREET A	DDRESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	

-	, Flor	1 08

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> Name <u>Address</u> Type of Action _ 🗆 Add _□ Remove __ 🗆 Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change _□ Add □ Remove ☐ Change

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Effective date, if other than th	ist be specific and cannot be prior to date block does not meet the applicable s	(optional) e of filing or more than 90 days after filing.) Purs statutory filing requirements, this date will r	
Note: If the date inserted in this b	repartment of State's records.		
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Filing Fee: \$25.00