

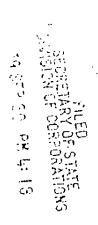
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COVER LETTER

TO:

Registration Section

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
SUBJECT: RelWills SWFL, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Cahill Name of Person Relevitles Swel, UC Firm/Company
U362 Stavfish Ave Address
NOWN POR THE 34291 City/State and Zip Code
Femail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Cahill at (941) 204 - 8714 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status \$55.00 Filing Fee Certified Copy (additional copy is enclosed) \$55.00 Filing Fee Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Relentless SUFL (Name of the Limited Liability Con (A Florida Limited)	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number LIV 000135267	any were filed on 7 19 2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	10362 Starfish Ave North Port, Fl. 34291
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	North Port, Fl 34291
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	
Name of New Registered Agent: MCC	mel A. CahiM
New Registered Office Address: U382	2. Stay Fish Ave Enter Florida street address
NOAH	POP Florida 34791 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 = N $AMBR = A$	fanager Authorized Member		
Title	Name	Address	Type of Action
MBR	Charles Suter	850 Creignton De	
		FOR Mylis Fl 33919	Remove
			Change
MBR	Christopher Lukawak	516 12th St. Dr. W	O Add
		Palmetto # 34221	Remove
			Change
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Note: If the date	if other than the date of filing: (optional) is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tive date on the Department of State's records.
	cifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of y after the record is filed.
Dated	Mad Colub Signature of a member or authorized representative of a member
	Michael Cahill Typed or printed name of signee

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Filing Fee: \$25.00