116000225252

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: O4085 COP II C

Office Use Only



000314723190

8.3-18

07/09/18--01017--021 **43.75

FILED
2018 AUG -3 PH IZ: 15
SECRETARY OF STAT

(3)

125.44



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 18, 2018

PERRY L CONNALLY III 1196 FOREST HEIGHTS RD FORT WALTON BEACH, FL 32547 US

SUBJECT: RELENTLESS LIFESTYLE GROUP LLC

Ref. Number: L16000225252

We have received your document for RELENTLESS LIFESTYLE GROUP LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION AMENDMENT, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Janeice L Smith Regulatory Specialist II Registration Section

Letter Number: 518A00014756

2018 AUG -3 AM 10: 05

(;)

COVER LETTER

TO: Registration Sec Division of Cor			
SUBJECT:	Releates Life	Style Group,	ис
The enclosed Articles of	Amendment and fee(s) are submi	tted for filing.	
Please return all correspo	ondence concerning this matter to	the following:	
	Perry L	Connally 7	77
	Crab Is	land Vendor	5 UC -
	1196 Forest	Heights Rd	•
	Fort Walton Crab Islan E-mail address: (to	Beach Floride City/State and Zip Code d Vendors Pode be used for future annual report	mail. Com
For further information e	concerning this matter, please call	:	
Perry L Co	nnally III	at (336) 466 Area Code Day	76834 Prime Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	Solution Filing Fee & Certificate of Status for 43.75 was	© \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations fox 6327 assee, FL 32314	STREET/COU Registration Se Division of Cot Clifton Buildin 2661 Executive	rporations g

Tallahassee, FL 32301

ARTICLES OF AIVIENDIMENT TO ARTICLES OF ORGANIZATION OF

Relentless Lifestyle Gr (Name of the Limited Liability Company (A Florida Limited Liab	oility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L16005275252</u>	ere filed on Dec (5) act (9)	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability and a limited liability and liabili	y-Company here: 1196 Forest Keights Fort Walton Beach Florida, 32547	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	196 Forest Heights Fort Walton Beach Florida, 32547	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, <u>enter</u> te:	the mew the new ALLAHA
Name of New Registered Agent:		SSE
New Registered Office Address:	Enter Florida street address Florida	2: 19 STATE E. FL
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office.	gree to act in this capacity. I further ag te performance of my duties, and I am the chapter 605 F.S. Or	. If this accument is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	Name	<u>Address</u>	Type of Action
	• • •		Remove
			Change
			Remove
			☐ Change
			□ Add
			Remove
			SEC AU
		· .	AAR 43
			PHOVE DESCRIPTION OF ISTAIRS CASE. FL.
			CMAge
			Add
			□ Remove
			Change
			D Add
			□ Remove

_□ Change

					<u></u>					-
	·									_
					·			_		_
										_
						-	····	<u> </u>		_
					<u>-</u> _			<u></u>		-
		-				 .		· · · · · · · · · · · · · · · · · · ·		_
										_
									S	<u>:-</u>
	_								TACK BE	- 3
								· ,	PA S	۰ ا
									TARY OF STATE	<u>.</u> 10
									SEE	ž
									775	<u> </u>
									' A	9
	<u> </u>	_	-			-		_		~
							<u></u>			-
										_
ective	date, if ot	her than th	e date of fili	ng:	nrior to date	of filing or n	nore than 90 day	(optional) as after tiling)) Pursuant to 6	05.020
<u>te:</u> If	the date inse	arted in this b	dock does no	t meet the a	pplicable st	atutory filir	ng requiremen	ts, this date	will not be li	sted a
umen	(s effective	date on the i	Department o	i State Siec	orus.					
recor	d specifie	s a delaye	ed effective	date, bu	it not an	effective	time, at 12	:01 a.m.	on the ear	lier c
			cord is file					·		
	11.0	15+		24	10					
ted	Aug	l		1	18					
	•	(-	Donn	\mathcal{Y}_{ℓ}	Coan	alle	To The micimber			
			Signature of	a member of	radhorized	represent div	of a member			
			Pen	1		","	_			

Page 3 of 3

Filing Fee: \$25.00

Check for 43,50 was inche with the 1st set of paper work.