11700005131

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Amend

01/31/17--01016--005 **25.00



N. CAUSSEAUX MAR 2 7 2017

COVER LETTER

, Div	ision of Corp	porations		
SURIFCT	Psychodelic	Relics LLC		
SOBJECT.	· -	Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed	Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Albert Tomasko		
			Name of Person	
		Psychodelic Relics LLC		
Psychodelic Relics LLC Firm/Company 156 Hurst Road NE Address Palm Bay, Fl 32907 City/State and Zip Code Butch_tomasko@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Albert Tomasko Name of Person 1 321 506-0442 at Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee \$				
		156 Hurst Road NE		
			Address	
		Palm Bay, FI 32907		
			City/State and Zip Code	<u></u>
		E-mail address: (to be used for future annual report notif	ication)
For further in	formation co	ncerning this matter, please c	all:	
Albert Toma	sko			
-	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 Fi	iling 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:

TO:

Registration Section

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 7, 2017

ALBERT TOMASKO JR.
PSYCHODELIC RELICS LLC
630 WICKHAM ROAD, SUITE 206
WEST MELBOURN, FL 32904

SUBJECT: PSYCHODELIC RELICS LLC

Ref. Number: L17000005131

We have received your document for PSYCHODELIC RELICS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Only if your are amending the name should you insert a name in "A." of the amendment form. You need to remove the name in "A." as it is the name you have registered. If you are changing the name, please insert the correct new name which must be different in some way.

Please return 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.

Nanette Causseaux Regulatory Specialist II Supervisor

Letter Number: 417A00002405

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Psychodelic Relics LLC	N.S.S.
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000005131</u> .	Any as it now appears on our records.) Liability Company) were filed on 1/06/17 and assigned of the company here:
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	874 West Eau Gallie Blvd Suite D
(Principal office address MUST BE A STREET ADDRESS)	Melbourne, Florida
	32935
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
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

<u>Title</u>	Name	Address	Type of Action
Manager	Albert Tomasko	156 Hurst Road NE	
		Palm Bay, Fl	□ Remove
		32907	
			■ Change
			Remove
			☐ Change
			□ Add
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f an effective da Note: If the d	e, if other than the ate is listed, the date mu ate inserted in this b fective date on the E	st be specific and lock does not n	l cannot be prior t neet the applica		more than 90 days a		
ne record s The 90th	pecifies a delayed day after the rec	d effective of cord is filed.	late, but not	an effective	time, at 12:0	1 a.m. on the ea	arlier of
Dated	3/2/17 Alle		, 2017 Ma	_•			
	Alle	It Jom	member or author				

Page 3 of 3

Filing Fee: \$25.00