L17000090761

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2/23/21

COVER LETTER

TO: Registration Se Division of Cor		, v	
SUBJECT: <u>Ro</u>	al Time Resonance of Lim	Cation UC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Campanella	
	Real	Time le location	on LLC
	933 Beville	2 Rd unit 1	01 K
	South I	Daytona 72 City Sate and Zip Code	32119
	(earti E-mail address: ()	Merelo ama to be used for future annual report notifi	il, Com
For further information c	oncerning this matter, please ca	all:	
John Cam Name o	Person	at (904) 364 Area Code Daytime	-0077 Telephone Number
Encloyed is a check for th	ne 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Real Time	Relocation LLC
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Etability Company)
The Articles of Organization for this Limited Liability Co Florida document number $_L1700009076$	1 1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	(ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	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 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>	<u>Name</u>	Address	Type of Action
MER	Kristopher Stupicic	- 1489 SW 1515+ AM	<u>C</u> □Add
		Pembroke Pines FL 33027	
			□Change
			□Add
			□Remove
			□Change
			2021DAdd JAN FILOVE Light Remove
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Effect	ive date, if other than the date of filing:
	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 605,0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docum	ent's effective date on the Department of State's records.
e recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
rd is tī	
	lanuary 15th . 2000 2001 (P)
Dated	Million 19
	- La Oslie
	Signature of a member or authorized representative of a member
	(1)