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(Requ	iestor's Name)	
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(City/s	State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Name)	
(Docu	iment Number)	
Certified Copies	Certificates of	Status
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## **COVER LETTER**

Division of Cor	rporations			
SUBJECT: Real	Time Reloca	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:		
	John C	amparella Name of Person		
	Leal Tin	re Relocation  Firm/Company		
	433 Walke	S+ # 4B	ELICY THAT	
	Holly H	City/State and Zip Code	17	
	Realtine,	(elu@ amail, co to be used for futur) annual report noti	fication)	
For further information c	oncerning this matter, please ca	•	2021 JUN	
John Car	rpanella f Person	at ( <u>904</u> ) <u>364</u> . Area Code Daytim	e Telephone Number	a 1 -2 - 11
Enclosed is a check for th	ne following amount:		PM 5: 1	ه موسون فيوسان ا
\$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)	

TO:

Registration Section

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 Relocati	w			
( <u>Name of the Limited Liability Compa</u> (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>L1700009076</u> .	were filed on 4 24 2017	and assigned		
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 a	bbreviation "L.L.C."		
Enter new principal offices address, if applicable:	433 Walker St Holly Hill FL 3	#43		
(Principal office address MUST BE A STREET ADDRESS)	Holly Hill FL 3	2117		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Same	2021 JUL		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the nan	ie of the new registered		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	Florida	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	·	•		
I hereby accept the appointment as registered agent and agroup provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. Or,	familiar with and if this document is		
If Char	nging Registered Agent, <u>Signature of New Re</u>	gistered 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>	<u>Name</u>	Address	Type of Action
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