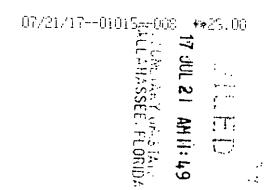
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Relentless DigitA	/ SO/UTIONS LLC mited Liability Company
The enclosed Articles of Amendment and fee(s) are sur- Please return all correspondence concerning this matter	
riease tettiri air correspondence concerning ans mane	it to the following.
<u>Colin</u>	Name of Person
Relentles	SS Digital Solutions LLC Firm/Company
2262 Hyd	e PArk rd. Address
JACKSONV	City/State and Zip Code
Colin litch E-mail address	(to be used for future annual report notification)
For further information concerning this matter, please	call:
Colin LitchField Name of Person	at (<u>904</u>) <u>716 - 1647</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations	STREET/COURIER ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Relentless Digital</u>	4/ Solutions LLC
(A Flori	ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L170001460 78</u>	Company were filed on 7-7-17 and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "L	imited 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 ADI	ORESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	SS: N
B. If amending the registered agent and/or reg	istered office address on our records, enter the name of the new
registered agent and/or the new registered office ac	ldress here:
	NA E
Name of New Registered Agent:	<u> </u>
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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Colin LitchField	1262 Hyde Park rd. JACKSONVILLE F.	337/6 Add
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ated		Signature of a i	nember or aut	horized repres	entative of a me	nber	-		

Page 3 of 3

Filing Fee: \$25.00