# 117000236545

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## **COVER LETTER**

TO:	Registration Se Division of Cor					
£11111 113		Life Solutions, LLC.	·			
Name of Limited Liability Company						
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please r	eturn all correspo	ndence concerning this matter	to the following:			
		Sean Hawkins				
			Name of Person			
		Relentless Life Solutions, I				
			Firm/Company			
		8060 Woodslanding Trail	, ,			
			Address			
		West Palm Beach, FL 3341	1			
		hawk769@gmail.com	City/State and Zip Code	***************************************		
		E-mail address: (t	to be used for future annual report notifi	cation)		
For furt	her information co	oncerning this matter, please ca	tll:			
Sean Ha	awkins		561 541 - 9154 at ()			
	Name of	f Person	Area Code Daytime	Telephone Number		
Enclose	d is a check for th	e following amount:				
<b>■</b> \$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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

# RELENTLESS LIFE SOLUTIONS LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on November 15, 2017 and assigned Florida document number L17000236545 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new

### New Registered Agent's Signature, if changing Registered Agent:

registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

## '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
AR	Sean Hawkins	8060 Woodslanding Trail West Palm Beach, FL 33411	
			■ Remove
			☐ Change
MGR	Sean Hawkins	8060 Woodslanding Trail West Palm Beach, FL 33411	Add
			Remove
			Change
			□ Remove
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			Add
			☐ Remove
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Effective date, if other than th	ne date of filing:	(optional) of filing or more than 90 days after filing.) Pursuant to 605.0207
Note: If the date inserted in this document's effective date on the	block does not meet the applicable st	atutory filing requirements, this date will not be listed as
the record specifies a delay The 90th day after the re	ed effective date, but not an ecord is filed.	effective time, at 12:01 a.m. on the earlier of
October 24	2019	
	<u> </u>	1
	Duft to	
	Signature of a member or authorized	representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00