L180000086440

(Re	equestor's Name)
(Ac	ddress)
(Ad	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
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JUN - 8 2019

COVER LETTER

TO:	Registration Se Division of Cor			
cu'n in		ESSLIFTING LLC		
SUBJE	CI:	Name of Limited	Liability Company	
The end	losed Articles of	Amendment and fee(s) are submit	ted for filing.	
Please r	eturn all correspo	ondence concerning this matter to t	the following:	
		Rodolphe mardy		2 / 23
			Name of Person	
		RELENTLESSLIFTING LLC		
		333 plumwood circle	Firm/Company	
		Kissimmee fl 34743	Address	() 2: 1
		Rmardy32088@gmail.com	Tity/State and Zip Code be used for future annual report notif	
For furt	her information e	oncerning this matter, please call:	le used for future annual report from	reaction)
Rodolp	he mardy		954 817-2713	,
	Name o	f Person		Telephone Number
Enclose	d is a check for t	ne following amount:		
\$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	n ntions nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RELENTLESSLIFTING LLC			
(Name of the Limit	ed Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Li Florida document number L18000086440	iability Com	npany were filed on 04/05/2018 and assigned	
This amendment is submitted to amend the folk	owing:		
A. If amending name, enter the new name of	f the limited		
WILD ELEMENTS LLC			
The new name must be distinguishable and contain the w	ords "Limited	Liability Company," the designation "LLC" or the abbreviation; "L.L.C."	N
Enter new principal offices address, if applic	able:	333 plumwood circle kissimmee fl 34743	
(Principal office address MUST BE A STREE	T ADDRES	· · · · · · · · · · · · · · · · · · ·	1.
registered agent and/or the new registered of	or register		 : new
Name of New Registered Agent:	Rodoninie	- mardy	—
New Registered Office Address:	333 plum	wood circle Enter Florida street address	_
			
	Kissimnie	ce , Florida 34743 City Zip Code	_
New Registered Agent's Signature, if changing I	Registered As	1	
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regi	ed agent and er and comp stered agen registered o	d agree to act in this capacity. I further agree to comply wit aplete performance of my duties, and I am familiar with and it as provided for in Chapter 605, F.S. Or, if this document office address, I hereby confirm that the limited liability	

Page 1 of 3

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>	Address	Type of Action
MGR	Rodolphe mardy	333 plumwood circle kissimmee fl 34743	∃ Add
			□ Remove
			Add 'Y
			□-Remove
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ffective date, if other that an effective date is listed, the date. If the date inserted in tocument's effective date on	ite must be specific a this block does not	nd cannot be prior to t meet the applicab	date of filing or mor le statutory filing	e than 90 days af	otional) der filing.) Pursuant his date will not b	to 605.0201 oc listed as
e record specifies a del The 90th day after the			an effective tir	ne, at 12:01	La.m. on the e	earlier o
April 19		2019		7		
ated April 19		2019	1//	2		
ated April 19		a member or authori	zed representative o	1 A		
April 19		_ `	zed representative o			

Page 3 of 3

Filing Fee: \$25.00