418000 283315

(Req	uestor's Name)	
(Addi	ress)	
(Addı	ress)	
(City/	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



400336318924

11/05/19--01010--008 **25.00

19 HOV -5 PM 2: 42

DEC - 5 200 T SCHROEDER

COVER LETTER

TO: Registration S Division of Co			
RELINCE SUBJECT:	INTERNATIONAL LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JOSE V CORREIA QUEL	ROZ	
		Name of Person	
	RELINCE INTERNATIO	NAL LLC	
		Firm/Company	
	9864 Emerald Berry Dr		
	-	Address	
	Winter Garden, FL 34787		
	victor_fortaleza@hotmail.c	City/State and Zip Code om	
	E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	all:	
JOSE V CORREIA QU	EIROZ	407 776-0146 at ()	
Name	of Person		Telephone Number
Enclosed is a check for	the 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)
MAH	INC ADDRESS:	STREET/COURIN	FR ANNRESS:

MAILING ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RELINCE INTERNATIONAL LL	C				
(Name of the Limi	ted Liability Compa (A Florida Limited)	nny as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited L	iability Company	were filed on 12/10/2018	3	_ and assig	med
Florida document number L18000283315	 ,				
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	f the limited liab	ility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designatio	n "LLC" or the abbre	viation—L.L.	C."
Enter new principal offices address, if applic	eable:	9864 Emerald Beny Dr	; 1:	<u> </u>	"T:
(Principal office address MUST BE A STREE	ET ADDRESS)	Winter Garden, FL 3478	37 ==). I	
				· - 2	<u>n</u>
Enter new mailing address, if applicable:		9864 Emerald Berry Dr		2:1	
(Mailing address MAY BE A POST OFFICE	BOX)	Winter Garden, FL 3478	37)	
B. If amending the registered agent and registered agent and/or the new registered o			ecords, enter the	name o	f the nev
Name of New Registered Agent:	JOSE V CORR	REIA QUEIROZ			
New Registered Office Address:	9864 Emerald 1	<u> </u>		_ <u></u> _	
		Enter Florida street			
	Winter Garden	Citv	, Florida ³⁴⁷⁸⁷	Zip Code	
		Cuy		гір Сопе	

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>	Address	Type of Action
AMBR	CORREIA QUEIROZ, LARISSA	6232 RALEIGH SR #534	
			
		ORLANDO, FL 32835	
			■ Remove
			Change.
	CORREIA QUEIROZ, JESSICA	6232 RALEIGH SR #534	☐ Change
AMBR	COMMENT GOLINGE, JUBBICH	VESE ICALLIGIT SIX #554	
		ORLANDO, FL 32835	
			Remove
			Change
			<u></u>
			<u> </u>
			NO T
			□ Remove ·
			☐ Change
)÷
			Remove
			Change
			LI A00
			☐ Remove
			☐ Change
			Add
			.
			Remove
			☐ Change

		
		19
	<u>-</u>	AGN 6
		- 51- ;
		P - 2
	<u>4</u>	2:1:2
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more to some state. If the date inserted in this block does not meet the applicable statutory filing resourcent's effective date on the Department of State's records.	(optional) than 90 days after filing.) Pursu quirements, this date will n	iant to 605.020 ot be listed a

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00