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R. HUNT 03/27/25

COVER LETTER

		stration Section of Corp				
SUB IEC	`T.	Redzone Aff	inity LLC			
SUBJEC	.1; _		Name of Limi	ited Liability Company		
			mendment and fee(s) are sub-	_		
			Michael Pisacreta and Dan	лу R. Fontaine		
				Name of Person		
			RedZone Affinity LLC			
				Firm/Company		
			13111 Atlantic Blvd., Suite	1		
				Address		
			Jacksonville, FL 32225			
				City/State and Zip Code		
			danny@remaxrelations.com	o be used for future annual repo		
For furthe	er infe	ormation con	cerning this matter, please ca	•	п поинеацоп)	
Danny R.	. Fon	taine		904 476-15	23	
		Name of P	erson	at ()	aytime Telepho	ne Number
Enclosed i	is a c	heck for the	following amount:			
■ \$25.0	0 Fil	ing 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Redzone Affinity LLC				
(Name of the Lim	ited Liability Comp (A Florida Limited	oany as it now appears on our recor Liability Company)	<u>rds.</u>)	
The Articles of Organization for this Limited 1 Florida document number L19000110615	Liability Compan	y were filed on 04/18/2019		_ and assigned
This amendment is submitted to amend the fol	llowing:			
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Relations Realty LLC the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Conter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)				
Relations Realty LLC				
The new name must be distinguishable and contain the	words "Limited Liab	pility Company," the designation "LL	C" or the abbre	viation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A		76.73
Principal office address MUST BE A STRE	E A STREET ADDRESS)			
				_\$
Enter new mailing address, if applicable:		N/A	(A)	
Mailing address MAY BE A POST OFFICE	E BOX)			
		address on our records, <u>enter</u>	r the name o	f the new regist
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A		···	
		Enter Florida street addre	rss	
	·	, Fi	lorida	
		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 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	Danny R. Fontaine	43 Pine Manor Dr. Ponte Vedra, FL 32081	□Add
			□Remove
			🖺 Change
		-	□Add
			□Remove
			□Change
			□Add
			□Remove
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ective date, if or	ther than the date o	of filing:			(optional)	
enective date is its term. If the date ins	sted, the date must be spec serted in this block doc	citic and cannot be es not meet the ap	prior to date of filin opticable statutor	g or more than 9 y filing require	0 days after filing, ments, this date	Pursuant to 605.02 will not be listed
ument's effective	date on the Departme	ent of State's rec	ords.			
cord specifies a d s filed.	clayed effective date.	but not an effecti	ve time, at 12:01	a.m. on the ea	rlier of: (b) The	e 90th day after th
M arch 16th ed	6/1/0) 3 2023				
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