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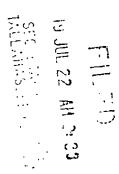
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## **COVER LETTER**

SUBJECT:	RELAX IN	VESTMENSTS LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		VENKATRAM KUTURU	I.	
			Name of Person	<u> </u>
		RELAX INVESTMENTS	LLC	
			Firm/Company	<del></del>
		209 BERENGER WALK		
			Address	
		ROYAL PALM BEACH,	FL 33414	
		KUTURU.RAM@GMAIL.	City/State and Zip Code COM	. <del>.</del> . <del></del>
		E-mail address: (	to be used for future annual report not	ification)
For further i	nformation c	oncerning this matter, please ca	all:	
VENKATR	AM KUTUR	U	862 812-7554	
	Name of	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00 1	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

TO:

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

RELAX INVESTMENTS LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited)	inv as it now appears on our record. Liability Company)	<u>s.</u> )
he Articles of Organization for this Limited Li		were filed on June 28, 2019	and assigned
orida document number L19000169880	<u> </u>		
his amendment is submitted to amend the follo	owing:		
. If amending name, enter the new name of	the limited liab	ility company here:	
//A			
ne new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applic	able:	N/A	
Principal office address MUST BE A STREE	T ADDRESS)		<u> </u>
			程 23 三
nter new mailing address, if applicable:		N/A	739
lailing address MAY BE A POST OFFICE	BOX)		
			•
If amending the registered agent and/gistered agent and/or the new registered of			s, enter the name of the
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street addres	s
		, Flo	orida
		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>	Address	Type of Action
AMBR	NALINIKANTH JAMMULA	10732 IVANHOE LN, WELLINGTON, FL 33414	Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
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		06/28/2019			
ffective date, if other than the an effective date is listed, the date in this ocument's effective date on the	ust be specific and ca block does not me	annot be prior to et the applicabl	date of filing or more e statutory filing re	(optional than 90 days after filing equirements, this dat	g.) Pursuant to 605.0207
e record specifies a delay The 90th day after the re	ed effective da cord is filed.	te, but not a	n effective tim	e, at 12:01 a.m.	on the earlier of
July 16		2019			
	,				
ated July 16	Pars.				