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## COVER, LETTER

TO: Registration Se Division of Col		,	
SUBJECT:	RLS Sign	NOSTIC INSIGHTS L	LC_
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rick	Salon Jr. Name of Person	
	RLS D	Jagnostic Insights	
	MOSH War	VEN DUKS PL-	2022 JUH 16
	<u>Riversiew</u> ,	FL 33578 City/State and Zip Code	Un 16 P
	Bicky Sallow E-mail address:	Lame. Com to be used for future annual report notification	ည်း သ သ က
For further information c	oncerning this matter, please c	all:	
hicky SC Name o	MOV JV.	at (S13) 764-28 Area Code Daytime Telepl	13 none Number
Enclosed is a check for the	ne 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)
Mailing Address Registration S		Street Address: Registration Section	
Division of C P.O. Box 632	Corporations	Division of Corporati The Centre of Tallaha	
Tallahassee, 1		2415 N. Monroe Street	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability	Stic Insights LLC Company as it now appears on our records.) Limited Liability Company)	7
(A Florida I	Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on <u>09-06-2019</u>	بې دې and assigned
Florida document number <u>L14000226072</u>	2_	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
RLS CONSULTING LLC The new name must be distinguishable and contain the words "Limit		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
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 na	ame of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	<del> </del>
<del></del>	, Florida	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
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Note:	ve date, if other than the date of filing:
rd is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated <sub>.</sub>	JUNE 13 . 2022.  **Signature of a member or authorized representative of a member.**
	2
	RICKY SUIL JR. Typed or printed name of signee

Filing Fee: \$25.00