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Relentless Transportation, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Joseph Johnson, Owner Name of Person Relentless Transportation, LLC Firm/Company 6107 Ranier Drive Address Orlando FL 32810 City/State and Zip Code relentlesstransportjj@gmait.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joseph Johnson, Owner Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$60.00 Filing Fee, □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

TO ARTICLES OF ORGANIZATION OF

Relentless Transportation, LLC

2020. 22 11 8:30

(Name of the Limited Liability Company as it now appears on our records,) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia	shility Company were filed a	on January 6, 2020	and assign
Florida document number L20000011874		OII	and assign
			
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability compa	any here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company,	," the designation "LLC" or the	abbreviation "L.L.C
Enter new principal offices address, if applica	ible:		· · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE E	<u></u>		
B. If amending the registered agent and/or reagent and/or the new registered office address	0	our records, enter the na	me of the new re
Name of New Registered Agent:			
New Registered Office Address:			
-	End	ter Florida street address	
		, Florida _	
	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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this docume 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of A
AMBR	Joseph Johnson	6107 Ranier Drive	≣Add
		Orlando, FL 32810	□Remov
			□Change
AR Kristal Johnson	Kristal Johnson	6107 Ranier Drive	□Add
		Orlando, FL 32810	□Remov
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D. If amending any other informati	ion, enter change(s) here: (Attac	ch additional sheets, if necessary.)
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E. Effective date, if other than the of (If an effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the Department.	be specific and cannot be prior to date of ck does not meet the applicable statu	(optional) filing or more than 90 days after filing.) Pursuant to 605. utory filing requirements, this date will not be liste
(f the record specifies a delayed (b) The 90th day after the reco		fective time, at 12:01 a.m. on the earlie
Dated	2020	
Anh D. C	enature of a member or authorized repr	resentative of a member
Joseph D. Johnson	I	
	Typed or printed name o	t signee

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