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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Se Division of Cor				
	AXED, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter			
	NICOLAS CUBILLOS			
		Name of Person		
	BUY RELAXED, LLC			
		Firm/Company		
	86 SW 8TH ST, STE 3502			
	 	Address		
	MIAMI, FL 33130			
		City/State and Zip Code		
	nicolas_cubillos@hotmail.c			
	E-mail address: (to be used for future annual report noti-	lication)	
For further information c	oncerning this matter, please ca	all:		,-1,
NICOLAS CUBILLOS		305 582-5282	<i>1021</i>	
Name o	f Person		e Telephone Number	:
Enclosed is a check for the	ne following amount:		 	. 7
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee Certificate of Status & Certified Copy ▷ (additional copy is effelose	
Mailing Addres Registration 9		<u>Street Address:</u> Registration Sec	ction	
Division of C		Division of Cor		
P.O. Box 632		The Centre of T		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BUY RELAXED, LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited	iny as it now appears on our record Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited L Florida document number		were filed on	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		4692 NW 107TH AVE APT 1	403
(Principal office address MUST BE A STREET ADDRESS)		DORAL, FL 33178	
Enter new mailing address, if applicable:		4692 NW 107TH AVE APT 1	403
(Mailing address MAY BE A POST OFFICE BOX)		DORAL, FL 33178	<u> </u>
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office : ess here:	address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:			<u> </u>
New Registered Office Address:	4692 NW 1077	TH AVE APT 1403	Ε
		Enter Florida street addre.	s.s
	DORAL	, Fl	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 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
P	NICOLAS CUBILLOS	4692 NW 107TH AVE APT 1403	□Add
		DORAL. FL 33178	□Remove
			Change
			□Remove
			Change
			□Add
			□ Remove
			 ⊟Change
			JAdd :
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te: If the date inserted in the tument's effective date on the tument's effective date of tument's effective date	e must be specific and cann his block does not meet to the Department of State's	he applicable statutor s records.	ng or more than 90 days a ry filing requirements,	ptional) fler filing.) Pursuant to 605.026 this date will not be listed a
record specifies a del he 90th day after the		, but not an effec	tive time, at 12:0	1 a.m. on the earlier (
red	Simanua of	er of authorized represe	antative of a mumber	

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Filing Fee: \$25.00