## 420000107914

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## **COVER LETTER**

	Registration S Division of Co				
SUBJEC		AL RELISTINGS, LLC			
SONCE		Name of Lin	nited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please ret	turn all correspo	ondence concerning this matter	to the following:		
		IRVIN JOSEPH			
		<del> </del>	Name of Person	<u>.</u>	
		NATIONAL RELISTING	S, LLC		
			Firm/Company		
		21150 POINT PLACE, 90	14		
			Address		
		AVENTURA, FL 33180			
			City/State and Zip Code		
		E-mail address: (	to be used for future annual report not	ification)	
For furthe	r information c	oncerning this matter, please c	all:		
IRVIN JO	OSEPH		305 796-9349		
	Name o	f Person		ne Telephone Number	
Enclosed	is a check for th	ne following amount:			
<b>≡</b> \$25.0	0 Filing Fec	☐ \$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)	
	<u>Tailing Addres</u> Registration S		Street Address: Registration Se	ction	
	Division of C	orporations	Division of Corporations		
	P.O. Box 632		The Centre of T		
1	Tallahassee, I	TL 02014	2413 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NATIONAL RELISTINGS, LLC (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 Liability Company were filed on 02/21/2020 Florida document number L20000107914 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) 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 name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida \_

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>	Name	Address	Type of Action
MGR	RG Consulting, LLC	21150 POINT PLACE 904 AVENTURA, FL 33180	<b>=</b> Add
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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	date of filing: _ st be specific and can ock does not meet	mot be prior to date the applicable s	of filing or more tha	(optional) an 90 days after filing.) sirements, this date w	Pursuant to 605. vill not be liste	0207 (3)(1 d as the
he record specifies a delayed effective ord is filed.	e date, but not an c	effective time, at	12:01 a.m. on the	earlier of: (b) The	90th day after	the
Dated July 6th	, 21	022			<b>医</b>	2022 JUL 14
					355	=
	Signature of a mem	ber or authorized	representative of a m	ember	<u> </u>	14 A!
						778
Joseph Irvin	IRVIN.	· ·			TLON 1. S. L.V.	AH 7: