

(Requ	uestor's Name)
(Addr	ress)
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, ,	State/Zip/Phone #)
PICK-UP	WAIT   MAIL
	ness Entity Name)
(Doce	ument Number)
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT: <u>Relet</u>	Name of Limit	Caning Solution ted Liability Company	ion LLC
	Amendment and fee(s) are subrondence concerning this matter t		
	Willie Co	Name of Person	
	2769 MG	Firm/Company  GIG CITCLE  Address	
		Address  ——————————————————————————————————	
For further information	concerning this matter, please ea	all:	
Name	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for	the 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 Addra Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee be Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Relentless (Name of the Limite	Cleaning Solution LCC 1:15  d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia Florida document number <u>L 20000</u>	ability Company were filed on $8-13-2020$ and assigned
This amendment is submitted to amend the follo	wing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the well- Enter new principal offices address, if application of the distinguishable and contain the well- (Principal office address MUST BE A STREE)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office address on our records, <u>enter the name of the new registered</u> is here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

## 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 = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Willie Calloway	3769 maria circle Talighassee FL 32303	( <del>Z</del> Add
	/		Remove
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fectiv	e date, if other than the date of filing: (optional)  tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.
te: 1	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste
cume	nt's effective date on the Department of State's records.
ecord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after d.
ited _	1-15-20  Signature of a member or authorized representative of a member
	10/
	Signature of a member or authorized representative of a member
	Willic Calloway  Typed or printed name of signee