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COVER LETTER-

TO:	Registration Se Division of Cor			
cuntra	RELFL, LI			
SUBJEC	CT:		ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Catherine Hernandez		
			Name of Person	
		Anderson Business Adviso	ors	
			Firm ^c Company	
		3225 McLeod Dr. Suite 10	00	
			Address	
		Las Vegas, NV 89121		
		****	City/State and Zip Code	 -
		ra@andersonadvisors.com		
Time theath	on information o	E-mail address: (oncerning this matter, please e	to be used for future annual report no	stification)
		oncerning this matter, piease e		
Catherii	ne Hernandez		800 706-4741 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed	d is a check for th	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 Addres Registration 5		Street Address: Registration S	ection
Division of Corporations		Division of Co	orporations	
	P.O. Box 632		The Centre of	
	Tallahassee, l	PL 52514	2415 N. Mont Tullahassaa F	oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



RELFL, LLC

21 AUG 30 PH 3: 22

(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 L	were filed on 4/6/2021	and assigned		
Florida document number 1.21000159436	·			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
The new name must be distinguishable and contain the v	vords "Limited Liabil	lity Company," the designati	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:	625 E. Twiggs Street, Suite 110		
(Principal office address MUST BE A STREI		Tampa, F1, 33602		
Enter new mailing address, if applicable:		3225 McLeod Dr. Suit	e 100	
(Mailing address MAY BE A POST OFFICE BOX)		Las Vegas, NV 89121		
B. If amending the registered agent and/or (• •	address on our records	, enter the name of the new registered	
agent and/or the new registered office addre	ss here:			
Name of New Registered Agent:	Anderson Regi	stered Agents, Inc.		
New Registered Office Address:	625 E. Twiggs	Street, Suite 110		
		Enter Florida stre	et address	
	Tampa		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 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, <u>enter the title, name, and address of each person-being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member			21 AUG 30 PH 3: 22	
<u>Title</u>	<u>Name</u>	Address	21 AUG 30 PH 3: 22	Type of Action
				□Add
				🗆 Remove
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				□Change

		Attach additional sheets, if-necessary.)	
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an effective date is listed, the date m	plock does not meet the applicable	(optional) te of filing or more than 90 days after filing.) Pu statutory filing requirements, this date wil	
record specifies a delayed effect Lis filed.	ive date, but not an effective time,	at 12:01 a.m. on the earlier of: (b) The 90)th day after the
ated August 19	2021		
	Catherine Kema	nders	
	Signature of a member or authorize		

Typed or printed name of signee