. To: 18506176383 From: 12147128131 Date: 04/20/23 Time: 3:52 PM Page: 01/04



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230001477243)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

· · · · : Email Address:

: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ABAL RELAXATION LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

T. LEMIEUX Help ÀPR 2 1 2023 · To: 18506176383 From: 12147128131 Date: 04/20/23 Time: 3:52 PM Page: 02/04

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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ABAL RELAXATION LLC					
(Name of the Limi	ited Liability Company as (A Florida Limited Liabilit	t now appears on our records.) y Company)			
The Articles of Organization for this Limited 1. Florida document number 1.22000501829	Liability Company were	filed on 01/01/2023		and as	signed
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liability of	ompany here:			
The new name must be distinguishable and contain the	words "Linned Liability Co	oppony," the designation "LLC" or	the abbres i	ation "L	.IC."
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STREI	ET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE					
				2023	
B. If amending the registered agent and/or agent and/or the new registered office addre		ss on our records, <u>enter the</u>	name or	;	w register
Name of New Registered Agent:	FREEDOMTIAN AC	COUNTING & MULTISERVE	ES INC.	9 FH	<u>.</u>
New Registered Office Address:	1016 E OSCEOUA P		<u> </u>	ယ္	
	KISSIMMEE	Enter Florida street address Florid	- (27- 11. 34744 -	26	
	('iti	··· ——————————————————————————————————	ip 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 function 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 tiled to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Munager AMBR = Authorized Member

Title	Name	<u>Address</u>	Type of Action
			= \(\times \) Add
			DRemove
			\BChange
			- 2
			TRemove
		-	
			T(hange 9000147724 3)))

To: 12506176383 From: 12147128131 Date: 04/20/23 Time: 3:52 PM Page: 04/	To: 1	2506176383	From:	12147128131	Date:	04/20/23	Time:	3:52	PM	Page:	04/0
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411121	iding any other information, enter change(s) here: (Attach additional sheets, if necessary).
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otes	(optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Phi suant to 605/02. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective date on the Department of State's records.
reco Lis f	id specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of: (b). The 90th day after diled.
alce	April 3.d 2023
	Signature of a member or authorized representative of a member
	Je 905 A Holaid Masser H

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