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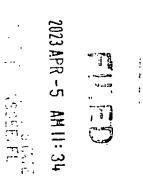
| (Requestor's Name) |
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| |
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Duning on Entity Money) |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| | Registration S Division of Co | | | |
|------------------|----------------------------------|---|---|--|
| eun ira | | Group LLC | | |
| SUBJEC | .1: | Name of Lim | ited Liability Company | |
| The encl | osed Articles o | f Amendment and fee(s) are sub | mitted for filing. | |
| Please re | turn all corresp | oondence concerning this matter | to the following: | |
| | | LEXIE RIVERS | | |
| | | <u> </u> | Name of Person | |
| | | PRIME CORPORATE SE | RVICES | |
| | | | Firm/Company | |
| | | 5250 S COMMERCE DR | STE 200 | |
| | | | Address | |
| | | MURRAY, UT 84107 | | |
| | | | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report notif | ication) |
| For furth | er information | concerning this matter, please ca | all: | |
| LEXIE F | RIVERS | | 855 577-4639 | |
| | Name | of Person | at () Area Code Daytime | Telephone Number |
| Enclosed | is a check for | the following amount: | | |
| ■ \$ 25.0 | 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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Relomate Group LLC | | |
|---|--|----------------------------------|
| (Name of the Limited Liability Compan (A Florida Limited L | ny as it now appears on our reco liability Company) | ords.) |
| he Articles of Organization for this Limited Liability Company of | were filed on 03/10/2023 | and assigned |
| Iorida document number 1.23000126027 | | |
| his amendment is submitted to amend the following: | | |
| a. If amending name, enter the new name of the limited liabil | lity company here: | |
| he new name must be distinguishable and contain the words "Limited Liabili | ty Company," the designation "L | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 707 |
| Principal office address MUST BE A STREET ADDRESS) | | |
| nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) Left amending the registered agent and/or registered offegistered agent and/or the new registered office address here. | | rds, enter the name of the |
| egistered agent and/or the new registered office address here | • | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street add | ress |
| | | |
| | City | Florida 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 |
|--------------|-----------------------|--------------------|----------------|
| AMBR | Tinavale Holdings LLC | 30 N Gould St Ste | |
| | | Sheridan, WY 82801 | □ Remove |
| | | | □ Change |
| AMBR | Valentina Gutierrez | 11713 Cuxham Drive | Add |
| | | Orlando, FL 32837 | ■ Remove |
| | | | Change |
| | | | Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | □ Add |
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| Affective date, if other than the an effective date is listed, the date many solutions and the late inserted in this additional and the late inserted at a control of the late inserted in the late in the late inserted in | ust be specific and block does not m | cannot be prior the application | o date of filing or n | iore than 90 days a | iter filmg.) Pursuant t | o 605.0207 e listed as |
| e record specifies a delaye The 90th day after the re | ed effective d cord is filed. | ate, but not | an effective | time, at 12:0 | 1 a.m. on the e | arlier of |
| Dated March 23 | , | 2023 | | | | |
| | | | | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00