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COVER LETTER

TO:

Registration Section

Division of Corporation	ons			
SUBJECT: Rely	on US Name of Limit	S LLC ted Liability Company		
The enclosed Articles of Amend	ment and fee(s) are subn	nitted for filing.		
Please return all correspondence	concerning this matter to	o the following:		
	Timofl	Name of Person	nS	7023 KAY -2
	to5 m	Firm/Company 1 SS 10 M Roaddress Address	2177	PR 15 II
	Faratro	City/State and Zip Code Hy Y On S o be used for future annual report notifi	Ogno cation)	ul.com
For further information concerni	ng this matter, please ca	11:		
Timothy Name of Person	J Lyons	at (<u>GO4</u>) <u>501</u> Area Code Daytime	- 7183 Telephone Number	
Enclosed is a check for the follo	wing amount:			
3.525.00 Filing Fee □ \$	30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Contadditional cop	f Status & py
Mailing Address: Registration Section Division of Corport P.O. Box 6327 Tallahassee, FL 32	ations	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe	oorations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rely on US (Name of the Limited Liability Company (A Florida Limited Lia	A sit now appears on ability Company)	our records.)	
The Articles of Organization for this Limited Liability Company we Florida document number	ere filed on	<u>t-10-2023</u> .	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	v Company," the design	nation "LLC" or the abbrevia	. 3
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS)			-<
			2
			77.
Enter new mailing address, if applicable:		. 10 - 1117	
(Mailing address MAY BE A POST OFFICE BOX)		F-1	
		·	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our recor	ds, <u>enter the name of t</u>	he new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida s	treet address	
		, Florida	
	City	Zip	Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my ovided for in Chap	duties, and I am familia ner 605, F.S. Or, if this	ar with and s document is

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 Title Name Timothy J Lyons 405 Mission Road XAdd PalaTKa, PC 32177 Remove Kiah M Smith 405 Mission Road BAdd Palatka, PC 32177 BREME □Change □Remove ☐ Change □ Remove ☐ Change

□Remove

Change

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(If an ef	tive date, if other than the date of filing:	ling.) Pursuan		
	cent's effective date on the Department of State's records			
	nent's effective date on the Department of State's records.			
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