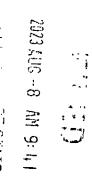
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(Requ	uestor's Name)	-,_
(Addr	ess)	
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(City/s	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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(Docu	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	
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COVER LETTER

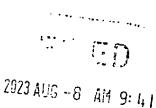
Tallahassee, FL 32314

	ration Sect on of Corpo				
	ELAX RES	TORATION AND MITIGAT	TION LLC		
SUBJECT:		Name of Limi	ted Liability Company		
The enclosed A	rticles of A	mendment and fee(s) are subr	nitted for filing.		
Please return all	l correspone	dence concerning this matter t	to the following:		
		Justin Waxman, Esq			
			Name of Person		_
		Kenner + Imparato, PLLC			
			Firm/Company		_
		175 SW 7th St., Office 140.	2		
	•		Address		-
		Miami, FL 33130			
			City/State and Zip Code		-
		justin@ki-law.com	o be used for future annual r	enort notification)	.
For further info	rmution cor	neerning this matter, please ca		cpon nomedia.	
		teerning this matter, preuse eu		2660	
Justin Waxman			at (-3669 Daytime Telephone Numb	
	Name of I	rerson	Area Code	Daytine relephone (value	
Enclosed is a ch	neck for the	following amount:			
■ \$25.00 Filin	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	Certific osed) Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
	g Address: tration Se	•	<u>Street Ad</u> Registra	Idress: Ition Section	
Divis	ion of Co	rporations	Division	n of Corporations	
P.O. I	Box 6327		The Cer	itre of Tallahassee	010

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



RELAX RESTORATION AND MITIGATION LLC

(Name of the Limited Liability Comp (A Florida Limited	Dany as it now appears on our record I Liability Company)	ESTATE STATE
The Articles of Organization for this Limited Liability Companies of Organization for this Limited Liability Companies L23000277261	y were filed on <u>06/07/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	oility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	: address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	77
	gare i ma pa ce mare.	- -

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.

City

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>	Name	Address	Type of Action
AMBR	FORCE, BRYAN	111 EAST WASHINGTON STREET UNIT 2012	🗀 Add
		ORLANDO, FL 32801	≅Remove
			□Change
			□Remove
			□Change
			□Add
			🗆 Remove
			Change
			□Add
			□Remove
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			□Change

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Note: If	e date, if other than the date of filing:
e record : rd is tiled	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
9/ Dated _	,
	\mathcal{L}
	Signature of a member of authorized representative of a member
	Justin Waxman



August 25, 2023

JUSTIN WAXMAN, ESQUIRE 175 SW 7TH STREET OFFICE 2410 MIAMI, FL 33130

SUBJECT: RELAX RESTORATION AND MITIGATION LLC

Ref. Number: L23000277261

We have received your document for RELAX RESTORATION AND MITIGATION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 923A00019834

Claretha Golden Regulatory Specialist II

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