

L23000277261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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2023 AUG --8 AM 9:14
STATE
OFFICE

SEP 10 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RELAX RESTORATION AND MITIGATION LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Justin Waxman, Esq

Name of Person

Kenner + Imperato, PLLC

Firm/Company

175 SW 7th St., Office 1402

Address

Miami, FL 33130

City/State and Zip Code

justin@ki-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Waxman

267
at ()

262-3669

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

2023 AUG -8 AM 9:41

RELAX RESTORATION AND MITIGATION LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

STATE
FL

The Articles of Organization for this Limited Liability Company were filed on 06/07/2023 and assigned
Florida document number L23000277261.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, 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

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

3/2023

Typed or printed name of signee

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 923A00019834