123000325419

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
umils

Office Use Only



500440390505

12/04/24--01016--008 **30.00

2024 BEC -1; AT 9: 52

COVER LETTER

TO:	Registration Se Division of Cor		,	
end iez		ips 101, LLC		
SUBJEC	<u></u>	Name of Lim	nited Liability Company	.
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Jasmeka Wilson		
		Name of Limited Liability Company		
			Firm/Company	
		18135 nw 25th court		
Address				,
		Miami Gardens, Fl. 33056		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
				ification)
For furth	er information c	oncerning this matter, please c	ali:	
Jasmeka	Wilson		_	
	Name o	f Person		ne Telephone Number
Enclosed	l is a check for th	ne following amount:		
□ \$ 25.	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres			ation
Registration Section Division of Corporations				
P.O. Box 6327			The Centre of	•
	Tallahassee, I	FL 32314	2415 N. Monro	se Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Relationships 101, LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our to da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number <u>L2 30003 75 4</u>		2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
Relationships101Podcast		20
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	"LLC" or the abbreviation" L.L.C."
Enter new principal offices address, if applicable:		8 8
(Principal office address MUST BE A STREET ADD	DRESS)	-
		7. Q
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		·
		
B. If amending the registered agent and/or register agent and/or the new registered office address here		enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street i	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

· 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
			□Add
			□Remove
			Change
		_	□Add
			□Remove
			Change
			□Add
			🗖 Remove
			□Remove
			□Change
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change

			-		
					
	-1000				
					<u> </u>
					
					
		· · · · · · · · · · · · · · · · · · ·			
reffective date is li te: If the date in	ther than the date of f sted, the date must be specific serted in this block does r e date on the Department	e and cannot be prior t not meet the applica			
cord specifies a c s filed.	lelayed effective date, but	t not an effective tin	ne, at 12:01 a.m. on th	e earlier of: (b) The '	90th day after the
ed M	<u>lmber 2</u>	8.2025	l.		
)				
	Signature	of a member or author	rized representative of a	nember	

Filing Fee: \$25.00