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CUVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations RELATIVELY, LLC SUBJECT: 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: YAMER SANDIGO Name of Person Firm/Company 18331 PINES BLVD, #101 Address PENBRUKE PINES FL 30029 City/State and Zip Code info@arauzinc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ARAUZ, INC 218-3457 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ■ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| KE | ELATIVELY, LLC | SECOND TO THE SE |
|--|---|--|
| (<u>Name of the Limited Lis</u> (A Flo | ability Company as it now appears on our records prida Limited Liability Company) | Topic |
| The Articles of Organization for this Limited Liabilit | ry Company were filed on October 20, 20: | 23 an assigned |
| This amendment is submitted to amend the following | <u>2</u> : | |
| A. If amending name, enter the new name of the RELATIVITY The new name must be distinguishable and contain the words | YT ILC. | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET AL | ODRESS) | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX | | |
| B. If amending the registered agent and/or regist agent and/or the new registered office address her | | the name of the new registered |
| Name of New Registered Agent: | | · · · · · · · · · · · · · · · · · · · |
| New Registered Office Address: | Enter Florida street addres: | 3 |
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| | CHV | zip cow |

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 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>l'itle</u> | <u>Name</u> | Address | Type of Action |
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