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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FILE IT USA INC. Account Number : I20190000121

: (718)925-2025

Fax Number : (718)925-2027

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: service@fileitusa.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RELIANCE GOLD, LLC

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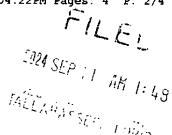
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	ORGANIZATION  OF  MELANT SET 1 OF 1
RELIANCE GOLD, LLC	1957 1957
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 06/18/2024 and assigned
Florida document number <u>L24000276379</u>	-
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liah	pility company here:
Reliance Financial FL LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9600 Koger Blvd N. Suite 236
Principal office address MUST BE A STREET ADDRESS)	St Petersburg, FL 33702
Enter new mailing address, if applicable:	9600 Koger Blvd N, Suite 236
(Mailing address MAY BE A POST OFFICE BOX)	St Petersburg, FL 33702
<del></del>	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:	Corporate Creations Network Inc	
New Registered Office Address:	801 US Highway I	
	Enter Flo	rida sireet address
	North Palm Beach	, Florida 33408
	Cim	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.

/s/ Tim Pratts, Special Secretary

If Changing Registered Agent, Signature of New Registered Agent

, Q9/11/2024 16:22 From:17189252027 To:18506176381 Date Time 09/11/24 04:22PM Pages: 4 P: 3/4
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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	RF	Servicing	Management	Corp	oration	=
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If amending any other in	ıformation, en	ter change(s) h	ere: (Attach a	dditional sheets.	if necessary.)	
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Effective date, if other the (If an effective date is listed, the Note: If the date inserted is document's effective date of	this block does n the Departmer	not meet the app at of State's recor	olicable statutory rds.	filing requiremen	ts, this date will no	ot be listed as
ne record specifies a delayed ord is filed.	effective date, bi	ut not an effectiv	e time, at 12:01	a.m. on the earlier	or: (b) The 90th	day after the
Dated September 11		2024	·			
		Mirian Schwarts	·····	tative of a member		
	Signature	e of a member or a	uthorized represen	tative of a member		<del></del>