P2400054145

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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:
DOCUMENT NUMBER: P24000054145
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JACQUELINE ACEVEDO
Name of Contact Person
JASASTSA BUSINESS SERVICES LLC
Firm/ Company
22095 US HWY 19 N
Address
CLEARWATER, FLORIDA 33765
City/ State and Zip Code
AUCLEARWATER@GMAIL.COM
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
ACQUELINE ACEVEDO at (727 645-2856
Name of Contact Person Area Code & Daytime Telephone Number
inclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address

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

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

Articles of Amendment to Articles of Incorporation of

RELFI, INC	
· · · · · · · · · · · · · · · · · · ·	ntly filed with the Florida Dept. of State)
P24000054145	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Signature of New	Registered Agent, if changing
Check if applicable	S.S.

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
l) Change	P	VICTOR M. RODRIGUEZ	2963 GULF TO BAY BLVD
Add	-	Acevedo	SUITE 330
X Remove		Incquelina Aceva	CLEARWATER, FL 33759
2) Change	AR	AUTHORIZED REPRESENTATIVI	2963 GULF TO BAY BLVD
X Add			SUITE 330
Remove 3) Change			CLEARWATER, FL 33759
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	 .		
Add			
Remove			
6) Change			
Add			SEC SEC
Remove			

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TITO

	10/17/2024	
The date of each amendment(s) adoptio date this document was signed.		, if other than the
Effective date if applicable:	·	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block dedocument's effective date on the Department	oes not meet the applicable statutory filing requirements, this date wi	ll not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by action was not required.	y the incorporators, or board of directors without shareholder action an	d shareholder
☐ The amendment(s) was/were adopted b by the shareholders was/were sufficien	y the shareholders. The number of votes cast for the amendment(s) at for approval.	
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by		
	(voting group)	
10/17/2024 Dated		
Signature	president or other officer - if directors or officers have not been	
selected, by an	incorporator – if in the hands of a receiver, trustee, or other court	
appointed fidu	iciary by that fiduciary)	
JACQ	UELINE ACEVEDO	
	(Typed or printed name of person signing)	
JACQI	UELINE ACEVEDO	
	(Title of person signing)	

FILED
2024 OCT 18 PH 12: 11
SECRETARY OF STATE
STALLAHASSEE, FL