

6/14/2018

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L17000213943

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To: Division of Corporations  
 Fax Number : (850)617-6383

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 Account Number : I20070000099  
 Phone : (954)478-2706  
 Fax Number : (954)934-0334

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Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 RELIABLE FIBER LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
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O SIMMONS  
 JUN 15 2018

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RELIABLE FIBER 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:

FLOR I HAVET

\_\_\_\_\_  
Name of Person

MGR

\_\_\_\_\_  
Firm/Company

2214 SW JAY AVE

\_\_\_\_\_  
Address

PORT SAINT LUCIE FL 34953

\_\_\_\_\_  
City/State and Zip Code

info@hispanusa.com

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

For further information concerning this matter, please call:

FLOR I HAVET

954 681-9651

at ( )

\_\_\_\_\_  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RELIABLE FIBER LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/16/2017 and assigned Florida document number L17000213943

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: FLOR I. HAVET

New Registered Office Address: 2214 SW JAY AVE

Enter Florida street address

PORT SAINT LUCIE, Florida 34953

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.

[Handwritten Signature]

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>          | <u>Address</u>            | <u>Type of Action</u>                      |
|--------------|----------------------|---------------------------|--------------------------------------------|
| CEO          | HAVET, MICHAEL E     | 2214 SW JAY AVE           | <input type="checkbox"/> Add               |
|              |                      | PORT SAINT LUCIE FL 34953 | <input checked="" type="checkbox"/> Remove |
|              |                      |                           | <input type="checkbox"/> Change            |
| CEO          | ROTHMAN, ELENA M 80% | 2214 SW JAY AVE           | <input checked="" type="checkbox"/> Add    |
|              |                      | PORT SAINT LUCIE FL 34953 | <input type="checkbox"/> Remove            |
|              |                      |                           | <input type="checkbox"/> Change            |
| MGR          | HAVET, FLOR I 20%    | 2214 SW JAY AVE           | <input type="checkbox"/> Add               |
|              |                      | PORT SAINT LUCIE FL 34953 | <input type="checkbox"/> Remove            |
|              |                      |                           | <input checked="" type="checkbox"/> Change |
|              |                      |                           | <input type="checkbox"/> Add               |
|              |                      |                           | <input checked="" type="checkbox"/> Remove |
|              |                      |                           | <input type="checkbox"/> Change            |
|              |                      |                           | <input type="checkbox"/> Add               |
|              |                      |                           | <input checked="" type="checkbox"/> Remove |
|              |                      |                           | <input type="checkbox"/> Change            |
|              |                      |                           | <input type="checkbox"/> Add               |
|              |                      |                           | <input type="checkbox"/> Remove            |
|              |                      |                           | <input type="checkbox"/> Change            |

