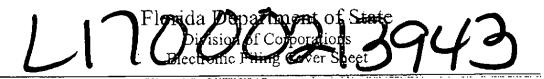
6/14/2018

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000178768 3)))



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To:

Division of Corporations

Fax Number

: (850)517-6383

From:

: HISPANUSA INC Account Name

Account Number : 120070000099 Phone

: (954)478-2786

Fax Number

: (954)934-0334

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

Fmail:	Address:			

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

Certificate of Status	0
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O SIMMONS JUN 1 5 2018

COVER LETTER

_	ion of Cor	porations		
emprer.	RELIAB	LE FIBER LLC		
SUBJECT: _		Name of Lim	ned Liability Company	
The enclosed A	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return a	li correspo	indence concerning this matter	to the following:	
			FLOR I HAVET	
			Name of Person	
			MGR	
			Firm/Company	
			2214 SW JAY AVE	
			Address	
		PO	RT SAINT LUCIE FL 34953	
			City/State and Zip Code	
			nfo@hispanusa.com	
			to be used for future annual report no	ufication)
For further info	ormation c	oncerning this matter, please or	all:	
FLOR I HAVE	ĒΤ	·	954 681-9651	
	Name o	î Person	Area Code Dayti	me Telephone Number
Enclosed is a c	heck for tl	ne following amount:		
■ \$25.00 Fili	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (addinonal copy is enclosed)
	Registr Divisio P.O. B	ENG ADDRESS: nation Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Sect Division of Corpe Clifton Building 2661 Executive C Tallahassec, FL 3	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	RELIABLE FIBER LLC			
(Name of the Limit	ed Liability Company as it now apper (A Florida Limited Liability Company)	ers on our records.)		
The Articles of Organization for this Limited L Florida document number	iability Company were filed on _	10/16/2017	_ and assigned	
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liability company b	<u>nere</u> :	.	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the	designation "LLC" or the abbr	eviation "L.L.C."	
Enter new principal offices address, if applic	able:		<u></u>	
(Principal office address MUST BE A STREE	T ADDRESS)		<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAX BE A POST OFFICE	<u></u>	7/2)	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	or registered office address o fice address here: FLOR I. HAVET	n our records, enter th	ne name of the new	
New Registered Office Address:	2214 SW JAY AVE			
ACM KEENSICIED OTHER MICHOSS.	Enter Florida street address			
	PORT SAINT LUCIE	, Florida <u></u>	53	
	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
CEO	HAVET, MICHAEL E	2214 SW JAY AVE	
		PORT SAINT LUCIE FL 34953	≅ Remove
			Change
CEO	ROTHMAN, ELENA M 80%	2214 SW JAY AVE	= Add
		PORT SAINT LUCIE FL 34953	□ Remove
			Change
MGR	HAVET, FLOR I 20%	2214 SW JAY AVE	
		PORT SAINT LUCIE FL 34953	Remove
			⊟ Change
			a □ Add
			Remove
			☐ Change
			Z □ Remove
			Change
			Remove
			Change

i amending any c	other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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`an effective date is li Vote: "If the date in	other than the date of filing: O6/14/2018 (optional) isted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60: asserted in this block does not meet the applicable statutory filing requirements, this date will not be list we date on the Department of State's records.	5.020 .ed a
e record specifi The 90th day a	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli after the record is filed.	er ç
ated	JUNE 14 2018	
	that the	
	Signature of a member or authorized representative of a member	
	MGR	

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Filing Fee: \$25.00