

L20000380273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

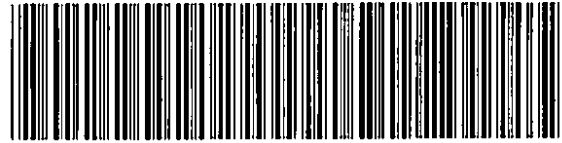
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400402888504

01/23--0121L--001 \*\*25.00

RECEIVED  
DEPT OF STATE  
TALLAHASSEE, FL  
FEB 23 21 PM 3:15

~~RECEIVED~~

R. HUNT

02/21/23

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Reliable Fiber Optics 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:

Michael E Havet

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

Reliable Fiber Optics LLC

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

1957 SW Glendale St

\_\_\_\_\_  
Address

Port saint Lucie FL 34987

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

accounting@reliablefiber.com

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

FILED  
2003 FEB 21 PM 3:15  
TALLHASSEE, FL  
DEPARTMENT OF STATE

For further information concerning this matter, please call:

Flor I Havet

954 6819651

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 Address:**

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Reliable Fiber Optics 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 01/01/2021 and assigned Florida document number L20000380273.

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)*

RECEIVED  
FEB 21 PM 3:15  
TAMPA, FLORIDA  
STATE

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

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>	<u>Address</u>	<u>Type of Action</u>
MGR	David Michael Kilinski	1957 SW GLENDALE ST	<input type="checkbox"/> Add
		PORT SAINT FL 34987	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MICHAEL E HAVET 49%	1957 SW GLENDALE ST	<input type="checkbox"/> Add
		PORT SAINT LUCIE FL 34987	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	FLOR I HAVET 51%	1957 SW GLENDALE ST	<input checked="" type="checkbox"/> Add
		PORT SAINT LUCIE FL 34987	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2023 FEB 21 PM 9:15  
 CLERK OF STATE  
 TALLAHASSEE, FL

