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.

(((H21000019061 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

Fax Number ; (323)962-3889

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HANDY HIPPO LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

÷

.

## COVER LETTER

Registration Section TO: **Division of Corporations** 

HANDY HIPPO LLC

SUBJECT: 1

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:

	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		<b>20</b>
	101 N Brand Blvd 11th Fi	Firm/Company	2021 JAN I L. PH L: 5
		Address	TI PH
	Glendale, CA 91203		PH 4:
	City/State and Zip Code		F-F
	nkoulias@embarqmail.com		· · · ·
	E-mail address: (1	o be used for future annual report notifica-	aion)
For further information of	concerning this matter, please ca	all:	
Cheyenne Moseley		800 773-0888	
Name (	of Person	Area Code Daytime T	elephone Number
Enclosed is a check for t	he 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

## MAHJING ADDRESS:

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

## STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Page, 4 of 6

From: Laura Rodriguez

LegalZoom.com, Inc.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

HANDY HIPPO LLC		
(Name of the Limited Liability Co (A Florida Lim	mpany as it now appears on our re- ited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Comp Florida document number 1.20000124065	pany were filed on 05/07/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Reliable Homestead Services LLC		
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:		ZI JAN
(Principal office address MUST BE A STREET ADDRESS	<u>s</u>	
		<u> </u>
		PH L OF S SEE
Enter new mailing address, if applicable:		FEAT 5
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	diress
		Florida
	Cuy	Zip C Ode
New Registered Agent's Signature, if changing Registered Ag		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compactept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	olete performance of my dutte t as provided for in Chapter (	es, and I am familiar with and 605, F.S. Or, if this document is
	Changing Registered Agent Signs	nture of New Registered Agent

To: 18506176383 - Page: 5 of 6 2021-01-14 10.48;25 PST LegalZoom.com, Inc. From: Laura Rodriguez

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>T'ițle</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Change
			5EC   SEC   TA
			DECKHTARY OF STATE TALL AHASSEE. FL
			SO PO
			☐ ST H Comove
			D Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			□ Add
			Remove
			Change

			AL-	1021
			ĽŻH	
			NY O	= M
			SEF, F	
			TE	51
				<del></del>
an effective date is lister	er than the date of filing: d, the date must be specific and cannot be prior	to date of filing or more than 90 c	_ (optional) lays after filing.) P	insulate 605.02
<u>lote:</u> If the date inse	rted in this block does not meet the application on the Department of State's records.	able statutory filing requireme	ents, this date wi	ill not be listed
e record specifies The 90th day af	s a delayed effective date, but no ter the record is filed.	t an effective time, at 1	.2:01 a.m. or	n the earlier
ated	20 MKO Signature of a member or such	·		

Page 3 of 3

Typed or printed name of signec

Filing Fee: \$25.00