## 149388

(Reques	tor's Name)	
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(City/Sta	ate/Zip/Phone #	)
PICK-UP	WAIT	MAIL
(Busine	ss Entity Name	)
(Docum	ent Number)	
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Certified Copies	Certificates o	f Status
Special Instructions to Filin	g Officer:	





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July 10, 2019

PHILIP R MILLER RELIATEX, INC. 2201 NW 72 AVE MIAMI, FL 33122

SUBJECT: RELIATEX, INC.

Ref. Number: 149388

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE COMPLETE THE ARTICLE OF AMENDMENT IN LIEU OF THE OFFICER/DIRECTOR RESIGNATION FORM AND RESUBMIT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

2019 JUL 18 AH II: S

Letter Number: 019A00013928



COATED FABRICS

**FOAM PRODUCTS** 

2201 N.W. 72nd AVE. • MIAMI, FL 33122 • Phone (305) 592-3220 • Fax (305) 592-4140

June 24, 2019

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

Our corporate record with the Division of Corporation was changes 06/21/19 the person that was allowed to add himself is a fraud. Kenneth Wilson is not a director or officer or employee of this company. His name needs to be removed immediately. There are only two owners of this company and they are Donald and Philip Miller.

A police report has been filed with the Miami-Dade Police Department. If you need further information you can contact Philip Miller at the phone or address listed below.

Sincerely

Carroll Wanamaker

Carriel Wanamalow

Controller

2201 NW 72 Ave

Miami, FL 33122

Phone 305-592-3220

Fax 305-592-4140

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: RELIATEX INC			
DOCUMENT NUM	1.103.88			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	itter to the following:		
	PHILIP R MILLER			
		Name of Contact Person	1	
	RELIATEX INC			
		Firm/ Company		
	2201 NW 72 AVE			
	<del></del>	Address	<del></del>	
	MIAMI, FL 33122			
		City/ State and Zip Cod	e	
CAF	RROLL.WANAMAKER@RE	LIATEX.COM		
	<del>-</del>	sed for future annual report	notification)	
			,	
For further information	on concerning this matter, pleas	se call:		
PHILIP R MILLER		305 at (	) 592-3220 de & Daytime Telephone Number	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	irtment of State:	
□ \$35 Filling Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section		Street Address Amendment Section		
	vision of Corporations D. Box 6327		on of Corporations Building	
	lahassee, F1, 32314		Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

RELIATEX,INC.	
(Name of Corporation as currently	filed with the Florida Dept. of State)
149388	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	***
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "F	'o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
	19 JUL 18
	,_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
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	PH L
	<u></u>
D. If amending the registered agent and/or registered office addre	ess in Florida, enter the name of the
new registered agent and/or the new registered of fice address:	
Name of New Registered Agent	
- Control of the state of the s	
(Florida stre	et address)
New Registered Office Address:	, Florida City) (Zip Code)
'	(a)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position
Signature of New Re	gistered Agent, if changing

## 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)

Remove

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.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	mith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	D	_	KENNETH WILSON	2201 NW 72 AVE
Add				
X Remove				MIAMI, FL 33122
2) Change		_		
Add				
Remove				
3 ) Change	<del> </del>			
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
(1)				
6) Change		_		
Add				

(Attach <i>addition</i>	adding additional Article al sheets, if necessary).	(Be specific)			
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provisions for	nt provides for an exchainment implementing the amend licable, indicate N/A)	nge, reclassification Iment if not contain	<u>, or cancellation of i</u> e <u>d</u> in the amendmer	ssued shares, at itself:	
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The date of each amendment(s) adoption:, if other than the date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) ( <u>CHECK ONE</u> )
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each 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
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated July 16, 2019
Dated July 16, 2019 Signature Blili R- Mile,
(By a director, 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 fiduciary by that fiduciary)
(Typed or printed name of person signing)
(Title of person signing)