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COVER LETTER

TO: Registration S Division of C			
SUBJECT: RI/I	able Truss	[NMDNNI] [mership or Limited Liability	, l. l.P
Nar	ne of Florida Limited Part	mership or Limited Liability	V Limited Partnership
The enclosed Certific	ate of Amendment an	nd fee(s) are submitted	for filing.
Please return all corre	espondence concernin	g this matter to:	
Amanda Al	Un		
Reliable Tr	Contact Person (/// (///////////////////////////////	,	
	Le AVINUI Address		
Innipa, F.	ity, State and Zip Code		
E-mail address: (to	/inblutrusse.	J, (OM) report notification)	
For further information	on concerning this ma	itter, please call:	
Amondo All	'en	_at (<u>\$/7) 4/7</u> Area Code and Days	15-1399
Name of Contac	rt Person	Area Code and Dayt	ime Telephone Number
Enclosed is a check f	or the following amou	unt:	
□ \$52.50 Filing Fee	☐\$61.25 Filing Fee and Certificate of Status	☐\$105.00 Filing Fee and Certified Copy	S113.75 Filing Fee, Certified Copy, and Certificate of Status
Mailing Address:		Street Addre	ess:
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 3231	4		roe Street, Suite 810
		Tallahassee,	FL 32303

CERTIFICATE OF AMENDMENT

CERTIFICATE OF LIMITED PARTNERSHIP

	OF	2022 FEB -3 PH 2: 0'.
Reliable Truss Comp	DANY (, L, L, P
Insert name currently on fil	e with Florida D	Department of State
Pursuant to the provisions of section 620.1202, Fl limited liability limited partnership, whose certific March 3.002, assigned Floriage.	cate was filed	I with the Florida Department of State on
adopts the following certificate of amendment to		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	imited partne	rship or limited liability limited partnership
<u>here</u> :		
New name must be distinguish	able and contain	n an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: l	iip, Limited, L.P Limited Liability	P., LP, or Ltd. : Limited Partnership, L.L.L.P. or LLLP.
B. If amending mailing address and/or principal office address here:	pal office ado	dress, enter new mailing address and/or
New Principal Office Address:		
(Must be STREET address)		
		·
New Mailing Address:		
(May be post office box)		
C. If amending the registered agent and/or registered registered agent and/or the new registered office ade		ess on our records, enter the name of the new
regimered agent and of the new regimered states		
Name of New Registered Agent:	_	
New Registered Office Address:		
	Enter	r 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.

If Changing Registered	Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
General Parineral Agent	Amanda Allen	4814 11 Hale Ave 11mpa, Fl 33614	_ DAdd _ Remove
			☐ Add☐ ☐ Remove
	-		_
			_
			_

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

	rmation, enter change(s) here: (Attach additional sheets, if necessary.)
Amanda Al	lan is to remain the registered
ngent and is	to be neded as additional
general poetre	r. Thanks
Effective date, if other than the date (Effective date cannot be prior to nor mor State.)	te of filing: //7 <u>7/23</u> re than 90 days after the date this document is filed by the Florida Department i
	es not meet the applicable statutory filing requirements, this date will not on the Department of State's records.
Signature(s) of a general partner	or all general partners*:
removing a "limited liability limited partn	ner is required to sign this document unless the limited partnership is adding or nership" election statement. Chapter 620, F.S., requires all general partners to s lity limited partnership" election statement.)
	, , , , , , , , , , , , , , , , , , , ,
Raymond 11 has	<u>& & & &</u>
Signature(s) of all new or dissoci	ating general nartner(s), if any:
Signature(s) or an new or obsored	Berne general parener (5)/11 dir.
/11111-E	
Filing Fee:	\$52.50
Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$8.75