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O SIMMONS  
SEP 13 2018

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RELIABLE LAWN CARE 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:

UBIRAJARA GALLIANI

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

RELIABLE LAWN CARE LLC

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

4550 BRADY LN

\_\_\_\_\_  
Address

PALM BEACH GARDENS FL 33418

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

reliablelawncarellc@yahoo.com

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

For further information concerning this matter, please call:

Bira Galliani

561 951-1134

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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

RELIABLE LAWN CARE 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 07/17/2006 and assigned  
Florida document number L06000070892.

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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:

4550 BRADY LN

(Principal office address MUST BE A STREET ADDRESS)

PALM BEACH GARDENS FL 33418

Enter new mailing address, if applicable:

4550 BRADY LN

(Mailing address MAY BE A POST OFFICE BOX)

PALM BEACH GARDENS FL 33418

**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:

SONIA BRUBAKER

New Registered Office Address:

4550 BRADY LN

*Enter Florida street address*

PALM BEACH GARDENS

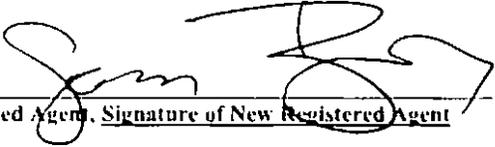
Florida 33418

*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	UBIRAJARA GALLIANI	4550 BRADY LN PALM BEACH GARDENS FL 33418	<input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove  <input type="checkbox"/> Change
MGR	WAYNE SONI	15058 95TH LANE N WEST PALM BEACH FL 33412	<input checked="" type="checkbox"/> Add  <input type="checkbox"/> Remove  <input type="checkbox"/> Change
MGR	ANDRES GONZALEZ	1383 RED APPLE LN WEST PALM BEACH FL 33415	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove  <input type="checkbox"/> Change
MGR	BIRA GALLIANI	6321 BRANCHWOOD DRIVE LAKE WORTH FL 33467	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove  <input type="checkbox"/> Change  <input type="checkbox"/> Add  <input type="checkbox"/> Remove  <input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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STATE OF NEW YORK  
DEPARTMENT OF STATE

02/23/2013

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated September 5<sup>th</sup>, 2015

Signature of a member or authorized representative of a member

UBIRAJARA GALLIANI

Typed or printed name of signee