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MAR 18 2009

**EXAMINER**

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09 MAR 18 AM 8:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Reliable Resources, 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:

Min H. So  
(Name of Person)

Min H. So Law Firm, P.A.  
(Firm/Company)

5401 S. Kirkman Rd., Suite 310  
(Address)

Orlando, Florida 32819  
(City/State and Zip Code)

For further information concerning this matter, please call:

Min H. So at ( 407 ) 370-7140  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 Resources, 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 01/08/2009 and assigned Florida document number L09000002130.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1650 E. Colonial Dr.

**(Principal office address MUST BE A STREET ADDRESS)**

Orlando, FL 32803

Enter new mailing address, if applicable:

1650 E. Colonial Dr.

**(Mailing address MAY BE A POST OFFICE BOX)**

Orlando, FL 32803

**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:

Adrien S. Barlatier

New Registered Office Address:

2667 Aloma Oaks Drive

*(Enter Florida street address)*

Oviedo

*(City)*

, Florida

32765

*(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 608, 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.*

Adrien S. Barlatier  
(If Changing Registered Agent, Signature of New Registered Agent)

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TALLAHASSEE  
FLORIDA

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Adrien S. Barlatier	2667 Aloma Oaks Drive Oviedo, FL 32765	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Anas A. Khalaf	1650 E. Colonial Dr. Orlando, FL 32803	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Anne Barlatier	2667 Aloma Oaks Drive Oviedo, FL 32765	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated March 11, 2009

Anne Barlatier  
Signature of a member or authorized representative of a member  
Anne Barlatier  
Typed or printed name of signee

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TALLAHASSEE FLORIDA