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SECRETARY OF STATE DIVISION OF CORPORATION

09 OCT 23 PM 2: 36

T. HAMPTON

OCT 2 6 2009

EXAMINER

COVER LETTER

	Division of Co						
SUBJEC	т.	RELIA	BLE CC, LLC				
SOBJEC	· · · · · · · · · · · · · · · · · · ·		ited Liability Company				
The enclo	osed Articles of	Amendment and fee(s) are sul	bmitted for filing.				
Please ret	turn all correspo	ondence concerning this matter	r to the following:				
		JOHN W. SPANO					
			Name of Person				
		RELIABLE CC, LLC					
Firm/Company							
	2370 BUTTERFLY PALM DRIVE						
			Address				
		NA	PLES, FLORIDA 34119				
		iol	City/State and Zip Code hn@reliablechain.com				
		E-mail address: (to be used for future annual report notification)				
For furthe	er information o	oncerning this matter, please of	call:				
		IN W. SPANO	at (239) 273 8548				
	Name o	f Person	Area Code & Daytime Telephone Number				
		he following amount:					
\$25. 00) Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)				
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations	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 CC, LLC		
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Company were filed on	1/31/2009	and assigned
Florida document numberL0900005766		
This amendment is submitted to amend the following:	,	
A. If amending name, enter the new name of the limited liability company he	ere:	
The new name must be distinguishable and end with the words "Limited Liability Comp" L.L.C."	pany," the designation "l	LC" or the abbreviation
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	<u> </u>
		99 0CT
Enter new mailing address, if applicable:		ARY F CO 23
Mailing address MAY BE A POST OFFICE BOX)		2
		RRA RRA
		6 5 E
B. If amending the registered agent and/or registered office address on	our records, enter	the name of the chev
registered agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	nter Florida street ada	tross
E	and, 1 101 that 301 661 aug	., 000
	, Florida	Zin Code
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 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.

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	1 = Managing Member			
<u>Title</u>	Name	Address	Type of Acti	<u>ion</u>
MGRI	M RICHARD L. SPARKS	P.O. BOX 3711 MORGANTON, NC 28680	Add Remove	
<u> </u>	<u> </u>		Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
D. If a		ange(s) here: (Attach additional sheets, if necessary.) SON A. KLEIN OLD ADDRESS WAS 10212		
	W. FREERICK PL WAUWATOSA,		09 001	SE
	NEW ADDRESS JASON A. KLEIN	V.		æÆ. SÆET
	5242 BLUEBIRD LANE		_ 23	7. 7. 7. 7. 7. 7.
	ALEXANDRIA, LA 71303			
Dated _	John 1	2009	2:37	TATE
		JOHN W. SPANO		
	Tyr	sed or printed name of cionee		

Page 2 of 2

Filing Fee: \$25.00