L09000039803

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C. LEWIS

SEP 2 5 2009

EXAMINER

COVER LETTER

то: •	Registration Sec Division of Corp			x
SUBJ	FCT•	RELIANT I	HOLDINGS LLC	
SODJ		Name of Limit	ed Liability Company	
		• •	•	
The en	nclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspor	dence concerning this matter	to the following:	
		JA	ALILEYAN, MICHAEL	
•			Name of Person	
		REL	IANT HOLDINGS LLC	
			Firm/Company	
		401 F La	is Olas Blvd. , Suite 13	30-358
		7012.20	Address	
		5 .	1	
		FI.	Lauderdale, FL 33301 City/State and Zip Code	
		İá	alileyan@gmail.com	-
		E-mail address: (t	o be used for future annual repor	t notification)
For fu	orther information co	oncerning this matter, please c	all:	
	JALILE	YAN, MICHAEL	at (954)	790-8560
	Name of	Person	Area Code & D	Daytime Telephone Number
Enclo	sed is a check for th	e following amount:		
√ \$2	25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is end	\$60.00 Filing Fee, Certificate of Status & Closed) Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	Registration Division of C Clifton Build	Corporations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2009 SEP 24 PM 16: 53

RELIANT HOL	DINCELLO	SECRETARY OF STATE CORDS: TALLAHASSEE, FLORIDA		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our re iability Company)	cords.) TALLAHASSEE, FLORIO		
(,,			
The Articles of Organization for this Limited Liability Company	were filed on 4/23/2	and assigned		
Florida document numberL09000039803				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and end with the words "Limi	ted Liability Company," the des	signation "LLC" or the abbreviation		
"L,L.C."				
Enter new principal offices address, if applicable:	401 E. Las Olas Blvd. , Suite 130-358			
(Principal office address MUST BE A STREET ADDRESS)	Ft. Lauderdale, FL 33	301		
Enter new mailing address, if applicable:	401 E. Las Olas Blvd. , Suite 130-358			
(Mailing address MAY BE A POST OFFICE BOX)	Ft. Lauderdale, FL 33301			
				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ls, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	B . B . I			
	Enter 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 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 Changing Registered Agent, Signature of New Registered Agent

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 = Ma MGRM = I	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
·	· .		Add Remove
			Add
	<u> </u>		Add Remove
	` .		Add Remove
D. If amer	nding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessa	ry.)
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_	·	<u> </u>	2000 1A
Dated	Media	coop	7009 SEP 24 PH 1: 53
	بالمرار	cr or authorized representative of a member LILEYAN, MICHAEL ed or printed name of signee	PH IN
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